Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

2018 External Quality Review Report
AmeriHealth Caritas Pennsylvania

Final Report
April 2019

IPRO
Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

Table of Contents

List of Tables and Figures

Introduction

Purpose and Background

The final rule of the Balanced Budget Act (BBA) of 1997 requires that State agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that a MCO furnishes to Medicaid Managed Care recipients.

The EQR-related activities that must be included in detailed technical reports are as follows:

- review to determine MCO compliance with structure and operations standards established by the State (42 CFR §438.358),
- validation of performance improvement projects, and
- validation of MCO performance measures.

HealthChoices Physical Health (PH) is the mandatory managed care program that provides Medical Assistance recipients with physical health services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO as its EQRO to conduct the 2018 EQRs for the HealthChoices PH MCOs and to prepare the technical reports. This technical report includes six core sections:

I. Structure and Operations Standards
II. Performance Improvement Projects
III. Performance Measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
IV. 2017 Opportunities for Improvement – MCO Response
V. 2018 Strengths and Opportunities for Improvement
VI. Summary of Activities

For the PH Medicaid MCOs, the information for the compliance with Structure and Operations Standards section of the report is derived from the commonwealth's monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for each MCO.

Information for Section II of this report is derived from activities conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. Information for Section III of this report is derived from IPRO's validation of each PH MCO's performance measure submissions. Performance measure validation as conducted by IPRO includes both Pennsylvania specific performance measures as well as Healthcare Effectiveness Data and Information Set (HEDIS®[1]) measures for each Medicaid PH MCO. Within Section III, CAHPS Survey results follow the performance measures.

Section IV, 2017 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2017 EQR Technical Report's opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

Section V has a summary of the MCO's strengths and opportunities for improvement for this review period as determined by IPRO and a "report card" of the MCO's performance as related to selected HEDIS measures. Section VI provides a summary of EQR activities for the PH MCO for this review period.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

I: Structure and Operations Standards

This section of the EQR report presents a review by IPRO of AmeriHealth Caritas Pennsylvania's (ACP's) compliance with structure and operations standards. The review is based on information derived from reviews of the MCO that were conducted within the past three years.

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DHS staff as of December 31, 2017, and the most recent NCQA Accreditation Survey for ACP, effective December 2017.

The SMART items provided much of the information necessary for this review. The SMART items are a comprehensive set of monitoring items that PA DHS staff reviews on an ongoing basis for each Medicaid MCO. The SMART items and their associated review findings for each year are maintained in a database. The SMART database has been maintained internally at DHS since RY 2013. Upon receipt of the findings for RY 2017, IPRO and DHS discussed changes to the information included. First, the only available review conclusions were Compliant and non-Compliant. All other options previously available were re-designated in RY 2017 from review conclusion elements to review status elements and were therefore not included in the RY 2017 findings. Additionally, as of RY 2017, reviewers had the option to review zones covered by an MCO separately, and to provide multiple findings within a year (e.g., quarterly). As a result, there was an increase in the number of partially compliant items for RY 2017. Upon discussion with the DHS regarding the data elements from each version of database, IPRO merged the RY 2017, 2016, and 2015 findings for use in the current review. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 126 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS.

The crosswalk linked SMART Items to specific provisions of the regulations, where possible. Some items were relevant to more than one provision. It should be noted that one or more provisions apply to each of the categories in **Table 1.1**. Table 1.1 provides a count of items linked to each category.

Table 1.1: SMART Items Count Per Regulation

BBA Regulation	SMART Items
Subpart C: Enrollee Rights and Protections	
Enrollee Rights	7
Provider-Enrollee Communication	1
Marketing Activities	2
Liability for Payment	1
Cost Sharing	0
Emergency and Post-Stabilization Services – Definition	4
Emergency Services: Coverage and Payment	1
Solvency Standards	2
Subpart D: Quality Assessment and Performance Improvement	
Availability of Services	14
Coordination and Continuity of Care	13
Coverage and Authorization of Services	9
Provider Selection	4
Provider Discrimination Prohibited	1
Confidentiality	1
Enrollment and Disenrollment	2
Grievance Systems	1
Subcontractual Relationships and Delegations	3
Practice Guidelines	2

BBA Regulation	SMART Items
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
Notice of Action	3
Handling of Grievances and Appeals	9
Resolution and Notification	7
Expedited Resolution	4
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	2
Effectuation of Reversed Resolutions	0

Two categories, Cost Sharing and Effectuation of Reversed Resolutions, were not directly addressed by any of the SMART Items reviewed by DHS. Cost Sharing is addressed in the HealthChoices Agreements. Effectuation of Reversed Resolutions is evaluated as part of the most recent NCQA Accreditation review under Utilization Management (UM) Standard 8: Policies for Appeals and UM 9: Appropriate Handling of Appeals.

Determination of Compliance

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO's compliance status with regard to the SMART Items. For example, all provisions relating to enrollee rights are summarized under Enrollee Rights 438.100. Each item was assigned a value of Compliant or non-Compliant in the Item Log submitted by DHS. If an item was not evaluated for a particular MCO, it was assigned a value of Not Determined. Compliance with the BBA requirements was then determined based on the aggregate results of the SMART Items linked to each provision within a requirement or category. If all items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were non-Compliant, the MCO was evaluated as partially-Compliant. If all items were non-Compliant, the MCO was evaluated as non-Compliant. If no items were evaluated for a given category and no other source of information was available to determine compliance, a value of Not Determined was assigned for that category.

Format

The format for this section of the report was developed to be consistent with the subparts prescribed by BBA regulations. This document groups the regulatory requirements under subject headings that are consistent with the three subparts set out in the BBA regulations and described in the *MCO Monitoring Protocol*. Under each subpart heading fall the individual regulatory categories appropriate to those headings. IPRO's findings are presented in a manner consistent with the three subparts in the BBA regulations explained in the Protocol, i.e., Enrollee Rights and Protections; Quality Assessment and Performance Improvement (including access, structure and operation, and measurement and improvement standards); and Federal and State Grievance System Standards.

In addition to this analysis of DHS's MCO compliance monitoring, IPRO reviewed and evaluated the most recent NCQA accreditation report for each MCO.

This format reflects the goal of the review, which is to gather sufficient foundation for IPRO's required assessment of the MCO's compliance with BBA regulations as an element of the analysis of the MCO's strengths and weaknesses.

Findings

Of the 126 SMART Items, 79 items were evaluated and 47 were not evaluated for the MCO in Review Year (RY) 2017, RY 2016, or RY 2015. For categories where items were not evaluated for compliance for RY 2017, results from reviews conducted within the two prior years (RY 2016 and RY 2015) were evaluated to determine compliance, if available.

Subpart C: Enrollee Rights and Protections

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable Federal and State laws that pertain to enrollee rights, and that the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to enrollees. [42 C.F.R. §438.100 (a), (b)]

Table 1.2: ACP Compliance with Enrollee Rights and Protections Regulations

ENROLLEE RIGHTS AND PROTECTIONS REGULATIONS		
Subpart C: Categories	**Compliance**	**Comments**
Enrollee Rights	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 6 items and was compliant on 6 items based on RY 2017.
Provider-Enrollee Communication	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Marketing Activities	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Liability for Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Cost Sharing	Compliant	Per HealthChoices Agreement
Emergency Services: Coverage and Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Solvency Standards	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.

ACP was evaluated against 15 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 15 items. ACP was found to be compliant on all eight of the categories of Enrollee Rights and Protections Regulations. ACP was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regualtions

The general purpose of the regulations included under this heading is to ensure that all services available under the Commonwealth's Medicaid managed care program are available and accessible to ACP enrollees. [42 C.F.R. §438.206 (a)]

The SMART database includes an assessment of the MCO's compliance with regulations found in Subpart D. **Table 1.3** presents the findings by categories consistent with the regulations.

Table 1.3: ACP Compliance with Quality Assessment and Performance Improvement Regulations

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	**Compliance**	**Comments**
Access Standards		
Availability of Services	Partially Compliant	14 items were crosswalked to this category. The MCO was evaluated against 10 items and was compliant on 9 items and non-compliant on 1 item based on RY 2017.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 13 items and was compliant on 13 items based on RY 2017.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2017.
Structure and Operation Standards		
Provider Selection	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Provider Discrimination Prohibited	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Confidentiality	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Enrollment and Disenrollment	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Grievance Systems	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Subcontractual Relationships and Delegations	Compliant	3 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2017.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on 1 item based on RY 2017.
Health Information Systems	Partially Compliant	18 items were crosswalked to this category. The MCO was evaluated against 12 items and was compliant on 11 items and non- compliant on 1 item based on RY 2017.

ACP was evaluated against 51 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on 49 items and non-compliant on 2 items. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, ACP was found to be compliant on 9 categories and partially compliant on 2 categories.

Subpart F: Federal and State Grievance System Standards

The general purpose of the regulations included under this heading is to ensure that enrollees have the ability to pursue grievances.

The Commonwealth's audit document information includes an assessment of the MCO's compliance with regulations found in Subpart F. **Table 1.4** presents the findings by categories consistent with the regulations.

Table 1.4: ACP Compliance with Federal and State Grievance System Standards

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	**Compliance**	**Comments**
General Requirements	Compliant	8 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Notice of Action	Compliant	3 items was crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Handling of Grievances & Appeals	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Resolution and Notification	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Expedited Resolution	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Information to Providers and Subcontractors	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Recordkeeping and Recording	Compliant	6 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2017

ACP was evaluated against 13 of the 40 SMART Items crosswalked to Federal and State Grievance System Standards and was compliant on 13 items. ACP was found to be compliant for all nine categories of Federal and State Grievance System Standards.

Accreditation Status

ACP underwent an NCQA Accreditation Survey effective through August 09, 2019 and was granted an Accreditation Status of Commendable.

II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each Medicaid PH MCO. For the purposes of the EQR, PH MCOs were required to participate in studies selected by OMAP for validation by IPRO in 2018 for 2017 activities. Under the applicable HealthChoices Agreement with the DHS in effect during this review period, Medicaid PH MCOs are required to conduct focused studies each year. For all PH MCOs, two new PIPs were initiated as part of this requirement. For all PIPs, PH MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

As part of the new EQR PIP cycle that was initiated for all PH MCOs in 2015, PH MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, two topics were selected: "Improving Access to Pediatric Preventive Dental Care" and "Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits".

"Improving Access to Pediatric Preventive Dental Care" was selected because on a number of dental measures, the aggregate HealthChoices rates have consistently fallen short of established benchmarks, or have not improved across years. For one measure, the HEDIS Annual Dental Visit (ADV) measure, from HEDIS 2006 through HEDIS 2013, the Medicaid Managed Care (MMC) average was below the 50th percentile for three years. Further, CMS reporting of FFY 2011-2013 data from the CMS-416 indicates that while PA met its two-year goal for progress on preventive dental services, the percentage of PA children age 1-20 who received any preventive dental service for FFY 2013 (40.0%), was below the National rate of 46.0%. The Aim Statement for the topic is "Increase access to and utilization of routine dental care for pediatric Pennsylvania HealthChoices members." Four common objectives for all PH MCOs were selected:

1. Increase dental evaluations for children between the ages of 6 months and 5 years.
2. Increase preventive dental visits for all pediatric HealthChoices members.
3. Increase appropriate topical application of fluoride varnish by non-oral health professionals.
4. Increase the appropriate application of dental sealants for children ages 6-9 (CMS Core Measure) and 12-14 years.

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

- Adapted from CMS form 416, the percentage of children ages 0-1 who received, in the last year:
  - any dental service,
  - a preventive dental service,
  - a dental diagnostic service,
  - any oral health service,
  - any dental or oral health service
- Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider
- Total Eligibles Receiving Preventive Dental Services
- The percentages of children, stratified by age (<1, 1-2, 3-5, 6-9, 10-14, 15-18, and 19-20 years) who received at least one topical application of fluoride.

Additionally, MCOs are encouraged to consider other performance measures such as:

- Percentage of children with ECC who are disease free at one year.
- Percentage of children with dental caries (ages 1-8 years of age).
- Percentage of oral health patients that are caries free.
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.

"Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits" was selected as the result of a number of observations. General findings and recommendations from the PA Rethinking Care Program (RCP) – Serious Mental Illness (SMI) Innovation Project (RCP-SMI) and Joint PH/BH Readmission projects, as well as overall Statewide readmission rates and results from several applicable Healthcare Effectiveness Data and Information Set (HEDIS) and PA Performance Measures across multiple years, have highlighted this topic as an area of concern to be addressed for improvement. The Aim Statement for the topic is "To reduce potentially avoidable ED visits

and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable." Five common objectives for all PH MCOs were selected:

1. Identify key drivers of avoidable hospitalizations, as specific to the MCO's population (e.g., by specific diagnoses, procedures, comorbid conditions, and demographics that characterize high risk subpopulations for the MCO).
2. Decrease avoidable initial admissions (e.g., admissions related to chronic or worsening conditions, or identified health disparities).
3. Decrease potentially preventable readmissions (e.g., readmissions related to diagnosis, procedure, transition of care, or case management)
4. Decrease avoidable ED visits (e.g., resulting from poor ambulatory management of chronic conditions including BH/SA conditions or use of the ED for non-urgent care).
5. Demonstrate improvement for a number of indicators related to avoidable hospitalizations and preventable readmissions, specifically for Individuals with Serious Persistent Mental Illness (SPMI).

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

MCO-developed Performance Measures

MCOS are required to develop their own indicators tailored to their specific PIP (i.e., customized to the key drivers of avoidable hospitalizations identified by each MCO for its specific population).

DHS-defined Performance Measures

- Ambulatory Care (AMB): ED Utilization. The target goal is 72 per 1,000 member months.
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges. The target goal is 8.2 per 1,000 months.
- Reducing Potentially Preventable Readmissions (RPR). The target for the indicator is 8.5. This measure replaced the originally designated measure – Plan All-Cause Readmissions (PCR): 30-day Inpatient Readmission.
- Each of the five (5) BH-PH Integrated Care Plan (ICP) Program measures:
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - Emergency Room Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
  - Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
  - Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI).

The PIPs extend from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals developed and submitted in first quarter 2016, and a final report due in June 2019. The non-intervention baseline period is January 2015 to December 2015. Following the formal PIP proposal, the timeline defined for the PIPs includes required interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019. Based on validation findings in 2016, the timeline has undergone adjustments.

The 2018 EQR is the fifteenth year to include validation of PIPs. For each PIP, all PH MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions and timeliness.

All PH MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol for *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

- Activity Selection and Methodology
- Data/Results
- Analysis Cycle
- Interventions

Validation Methodology

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by the Centers for Medicare & Medicaid Services (CMS) (*Validating Performance Improvement Projects, Final Protocol, Version 1.0, May 1, 2002*) and meets the requirements of the final rule on EQR of Medicaid MCOs issued on January 24, 2003. IPRO's review evaluates each project against ten review elements:

1. Project Topic And Topic Relevance
2. Study Question (Aim Statement)
3. Study Variables (Performance Indicators)
4. Identified Study Population
5. Sampling Methods
6. Data Collection Procedures
7. Improvement Strategies (Interventions)
8. Interpretation Of Study Results (Demonstrable Improvement)
9. Validity Of Reported Improvement
10. Sustainability Of Documented Improvement

The first nine elements relate to the baseline and demonstrable improvement phases of the project. The last element relates to sustaining improvement from the baseline measurement.

Review Element Designation/Weighting

For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on full, partial and non-compliance. Points can be awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance. For the current PIPs, compliance levels were assessed, but no formal scoring was provided.

Table 2.1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 2.1: Element Designation

Element Designation		
Element Designation	**Definition**	**Weight**
Full	Met or exceeded the element requirements	100%
Partial	Met essential requirements but is deficient in some areas	50%
Non-compliant	Has not met the essential requirements of the element	0%

Overall Project Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance score for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for Full Compliance; **Table 2.2**).

PIPs also are reviewed for the achievement of sustained improvement. For the EQR PIPs, this has a weight of 20%, for a possible maximum total of 20 points (**Table 2.2**). The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements where activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP submission schedule. At the time each element is reviewed, a finding is given of "Met", "Partially Met", or "Not

Met". Elements receiving a "Met" will receive 100% of the points assigned to the element, "Partially Met" elements will receive 50% of the assigned points, and "Not Met" elements will receive 0%.

Table 2.2: Review Element Scoring Weights

Review Element	Standard	Scoring Weight
1	Project Topic and Topic Relevance	5%
2	Study Question (Aim Statement)	5%
3	Study Variables (Performance Indicators)	15%
4/5	Identified Study Population and Sampling Methods	10%
6	Data Collection Procedures	10%
7	Improvement Strategies (Interventions)	15%
8/9	Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	20%
Total Demonstrable Improvement Score		80%
10	Sustainability of Documented Improvement	20%
Total Sustained Improvement Score		20%
Overall Project Performance Score		100%

Findings

To encourage focus on improving the quality of the projects, PIPs were assessed for compliance on all applicable elements, but were not formally scored. The multiple levels of activity and collaboration between DHS, the PH MCOs, and IPRO have continued and progressed throughout the PIP cycle.

Throughout 2016, the initial year of the cycle, there were several levels of feedback provided to MCOs, including:

- An overall summary document outlining common issues that were observed across most of the PIP proposal submissions.
- MCO-specific review findings for each PIP.
- Conference calls with each MCO to discuss the PIP proposal review findings with key MCO staff assigned to each PIP topic. MCOs were asked to complete a PIP Proposal Update form following the calls.
- An Interactive Workshop held with all MCOs at the end of August. MCOs were requested to come to the workshop with PIP project summaries that they were to present, which were later submitted to IPRO and distributed to all PH MCOs.
- Information to assist MCOs in preparing their next full PIP submission for the Project Year 1 Update, such as additional instructions regarding collection of the core required measures, three years of CMS-416 Reports with PA state aggregate data and the excerpt on oral health from the 2015 CMS Secretary's report with CMS OHI all-state data from FFY 2014 for MCOs to calculate appropriate benchmarks, and data for all five ICP measures.

In 2017, reviews of the Project Year 1 Update documents submitted in late 2016 were completed. Upon initial review of the submissions, MCOs were provided findings for each PIP with request for clarification/revision as necessary. MCOs requiring additional discussion and potential modification were contacted for individual MCO conference calls.

Upon completion of applicable resubmissions, MCOs were provided with their final Project Year 1 Update review findings. Following completion of Project Year 1 Update reviews, MCOs were asked to submit a Year 2 Interim Update providing information through June 30 for: 1) interventions implemented, 2) monitoring, or process measure, results, and 3) any performance measure outcome results. Review findings were incorporated into the form, and completed reviews were posted to IPRO's FTP.

For the current review year, 2018, MCOs were requested to submit a full Project Year 3 Update, to include all updated Year 2 information and Year 3 activities to date. MCOs were asked to update their submission with the following information: 1) Final rates for all performance measures for Measurement Year (MY) 2016 (1/1/16-12/31/16), including the rates provided to them for the ICP measures, 2) any available rates MY 2017 (1/1/17-12/31/17); 3) an updated

interventions grid to show interventions completed in 2017 and interventions completed to date in 2018; 4) rates/results as appropriate for the process measures utilized to evaluate each of the ongoing interventions; 5) any additional supporting analysis conducted for the PIP.

As noted below for both PIPs, AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast submitted a combined PIP, as the processes and initiatives are the same for both plans, as well as the management, policies and procedures, and the reporting structure. The analysis and data presented within the submission for the plans are different. The findings presented below include previous findings as well any updates from the most current submission and any updated compliance designations.

Improving Access to Pediatric Preventive Dental Care

For the Dental PIP, ACP received full credit for review element 1. The MCO stated that the prevalence of early childhood caries increased 15% between the 1988-1994 and 1999-2004 for children ages 2 to 5 while the incidence of untreated caries increased by 7% during the same timeframes. The MCO noted that they continually monitor their HEDIS data which shows the potential for improvement for members aged 2-3, 15-18 and 19-21 who received dental care, and provided the supporting data. ACP cited research from the Center[s] for Disease Control and Prevention (CDC), noting that dental sealants and fluoride are effective in preventing and controlling tooth decay. Furthermore, professional application of fluoride varnish prevents one third of decay in primary teeth and almost half of decay in permanent teeth. Additionally, the MCO reported that the ADA Council on Scientific Affairs also recommends for at-risk children aged <6 years the professional application of 2.26 percent fluoride varnish at least twice yearly and for at-risk children aged ≥6 years, the professional application of 2.26 percent fluoride varnish or 1.23 percent (APF*) fluoride gel at least twice yearly. In addition, the MCO stated that the U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and young children beginning when their first primary tooth comes in (USPSTF Grade B recommendation, which means USPSTF recommends the service).

The MCO noted that because AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast are within AmeriHealth Family of Companies and initiatives presented will include both health plans, it was determined to submit the PIP combining the plans. While data and statistics are reported separately, health plan initiatives will be implemented across both plans. The MCO outlined seven initiatives to improve access to pediatric preventive dental care, within the categories of Medical/Dental Integration, Early Intervention, and Patient Population.

ACP received partial credit for review elements 2 through 7. The two Aim Statements, to increase access to and utilization of routine dental care for pediatric AmeriHealth ages 2-3 years, 15-18, and 19-20 years and to increase utilization of topical fluoride varnish by non-oral health professionals for pediatric AmeriHealth members less than 5 years of age, identified clear and measureable goals. However, it was noted that ACP should add study questions to the Aim Statement with regard to other Core Performance Measures. Goals were included for a subset of measures, but the MCO was advised to set goals for other performance measures and explain how they were set. Additionally, the stated goal for one measure, TFV, did not match the goal that would be calculated using the stated percentage increase.

ACP is using reliable indicators from CMS and HEDIS that will measure process of care for members with strong associations of improved outcomes, and included a summary of the HEDIS measure specifications in the Aim Statement section. The MCO added general text from the CMS report to the Aim Statement section, and noted no sampling will be used. It was noted that the specifications for each of the Core Performance Measures should be more clearly defined, including the populations, denominators, and numerators. This issue remained for 2018.

ACP identified that the source of data would come from claims data in three forms: 1) HEDIS Annual Dental Visit measure, 2) Claims data codes D1206 and 99188, and 3) the CMS 416 data report. The MCO confirmed that these data sources are applicable to the Core Measures for this PIP. ACP added discussion of the processes in place to determine if the data are valid and reliable for the eligible population, including the use of a certified software vendor and use of Facets software system to collect and process administrative data. The MCO also added discussion of the processes in place for the collection and analysis of data, including the use of a certified software vendor and use of Facets software system to collect and process administrative data.

It appeared that ACP included process measures in the intervention section. However, other than the number of educational and outreach events, a number of the measures were a variation of the outcome measures. ACP was advised that the methodology should include additional process measures, as well as more detail on these process measures.

ACP was able to identify the barriers within different age groups and disparities through looking at the HEDIS data for the Annual Dental Visit measure. Part of the barrier analysis was done by literature review and research. However, this part seemed to identify national barriers, and not barriers specific to AmeriHealth plan members, providers, and for their MCO. ACP provided data from the CMS 416 report for the baseline year, but it was noted that baseline data for all measures should be included. This issue was noted again in 2018.

There were originally several interventions listed. Following review, ACP decreased the number of interventions to be able to focus on strong improvement for a few and provided more detail for some of their interventions, i.e. more explanation about the 'Keys to Your Care' program, to help explain its impact. Because the interventions had the same actual start dates and end dates, however, it was unclear when interventions actually took place. Additionally, ACP was advised that when stating the MCO will provide education, the MCO should clarify in what ways they will provide education (e.g., through a seminar, health fair, etc.). Additional process measures were included in the description of the interventions (such as number of ADV non-compliant members, medical providers utilizing TFV codes, number of non-compliant members age 5 and under, and number of education and outreach events), but the MCO was advised to include results for all in order to evaluate ongoing interventions. It was also noted that the proposed interventions for 2017 should have been included. In the 2017 Interim Update, there were several clearly identified interventions targeted to address the identified barriers and to impact a wide range of members. Monitoring (tracking) measures were described, with numerator and denominator defined for each, although it was unclear why a tracking measure was defined for varnish applied by non-dental professionals for eligible member under the age of 5, when this was part of the outcome core measures.

Review Element 8 was reviewed in 2018 and ACP received a non-compliant designation for this element. Although data were presented for all outcome measures for all applicable time periods in the 2017 Interim Update, the Project Year 3 Update did not include outcome measure/performance data for baseline, each year, and goal. Due to the lack of data across measurement periods, review element 9 could not be assessed and remained "NA."

Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits

For the Readmission PIP, ACP received full credit for review elements 1 and 2. The MCO described its rationale for topic selection with reference to findings in the literature. The Plan utilized information from post-discharge surveys, along with data analysis to support the topic selection. Demographic and hospital-specific analyses are presented, along with a breakdown of top "potentially preventable" admission diagnoses, readmission diagnoses and ER visit diagnoses. ACP defined how "potentially preventable" admission, readmissions and ED visits were identified and demonstrated how the BH-PH Integrated Care Plan Pay for Performance (ICP) Program and the Community Based Care Management Program (CBCM) are aligned with the goals of the PIP. The MCO used data to support topic selection and focus areas were identified using the top "potentially preventable" diagnoses for admissions (PPA), readmissions (PPR) and ED visits (PPV). Clinical conditions identified were: Diabetes, Asthma, COPD and Upper Respiratory. Hospitals identified with high rates are: 1) Pocono Medical Centers (AmeriHealth Caritas Northeast – highest PPV rate and 2) Reading Hospital (AmeriHealth Caritas Pennsylvania) – PPV rate is twice as high as its other facilities.

The MCO noted that AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast are submitting a combined PIP, although the analysis and baseline data is different, the processes and initiatives are the same for both Plans. The only difference is the name of the Plan. The management of the Plans is the same, as are the policies and procedures and the reporting structure.

The Aim was included: To reduce potentially avoidable ED visits and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable in the ACP and ACN members. Upon review, the MCO added study questions, and an across the board improvement of 2% was set for the three MCO-specific measures.

ACP received partial credit for review element 3. The MCO included the 8 PA DHS-defined performance measures and created some MCO-developed performance measures utilizing the Treo/3M Potentially Preventable suite of products: Potentially Preventable Admissions (PPA), Potentially Preventable Readmissions (PPR) and Potentially Preventable Emergency Room Visits (PPV). ACP included the eligible population along with definitions of the numerators and denominators for the HEDIS, PAPM, and ICP measures, and created condition-specific performance measures based on the clinical conditions identified in the topic rationale. ACP subsequently added process measures to monitor and track effectiveness of interventions. However, numerator and denominator definitions needed to be added for the process measures and PPA, PPV and PPR (MCO-specific measures). This remained an issue for 2018.

ACP received full credit for review elements 4 and 5. The Plan defined the population for each performance measure, noting that HEDIS specifications will be used for all HEDIS measures and that the MCO is using the universe of members defined by the specifications for each performance measure.

ACP received partial credit for review element 6. The MCO made a general statement in the methodology: "Data sources for performance measures may include tracking logs, encounter/claims data and data from vendors". ACP noted the use of the Treo/3m Potentially Preventable suite of products that uses "adjudicated paid claims" data and documented additional internal or external efforts to ensure the validity and reliability of the data. It was noted that the MCO should add information regarding sources of data for all the DHS-defined performance measures and any additional MCO-developed performance and process measures in the methodology, as well as clarify if tools are electronic or manual. This remained an issue for 2018.

ACP received full credit for review element 7. The MCO presented a well-organized chart of Interventions and Barriers addressed. ACP included at least one new or enhanced intervention associated with each PIP initiative and for the ICP/CBCM programs. ACP also clarified changes or enhancements made to interventions for the purposes of this PIP (e.g., elaborating on the "Expand BEST program"). However, the MCO was advised to add interventions specific to clinical conditions identified in proposal, as well as facilities identified with high admission, readmission or ED visit rates (e.g., for Reading Hospital and Pocono Medical Centers consider best practices meeting with high performing facilities). Additionally, implementation dates were not included for all interventions (e.g., the Asthma Navigator Intervention), and there were no process measures for the BEST Program and the Community Paramedic program. Each intervention needs at least one process measure. In the 2017 Interim Update, interventions were clearly described and targeted to address both the identified barriers and a wide range of members. Monitoring (tracking) measures were described, with numerator and denominator defined for each. However, the Paramedicine Program – Community Based Support intervention, did not include Lancaster County, and the numerator reported was inconsistent in the document.

ACP received partial credit for review elements 8 and 9. Rates were presented for some of the core PIP measures as available for the applicable measurement periods. However, they were not presented consistently as part of the results section, or with discussions of improvement or comparisons to target goals, making it difficult to clearly understand if there was improvement on the core PIP measures, and if any improvement was a result of the interventions.

ACP's Project Year 3 compliance assessment by review element is presented in Table 2.3.

Table 2.3: ACP PIP Compliance Assessments

Review Element	Improving Access to Pediatric Preventive Dental Care	Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits
1. Project Topic and Topic Relevance	Full	Full
2. Study Question (Aim Statement)	Partial	Full
3. Study Variables (Performance Indicators)	Partial	Partial

4. & 5. Identified Study Population and Sampling Methods	Partial	Full
6. Data Collection Procedures	Partial	Partial
7. Improvement Strategies (Interventions)	Partial	Full
8. & 9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	Non-Compliant	Partial
10. Sustainability of Documented Improvement	NA	NA

The next full submission will occur in review year 2019 and will be the final submission. Collaboration between DHS and PH MCOs is expected to continue, and PH MCOs will continue to be asked to participate in multi-plan PIP update calls through the duration of the PIP as applicable to report on their progress or barriers to progress.

III: Performance Measures and CAHPS Survey

Methodology

IPRO validated PA specific performance measures and HEDIS data for each of the Medicaid PH MCOs.

The MCOs were provided with final specifications for the PA Performance Measures from December 2017 to June 2018. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2018. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary. Pseudo code was reviewed by IPRO. Raw data were also reviewed for reasonability and IPRO ran code against these data to validate that the final reported rates were accurate. Additionally MCOs were provided with comparisons to the previous year's rates and were requested to provide explanations for highlighted differences. For measures reported as percentages, differences were highlighted for rates that were statistically significant and displayed at least a 3-percentage point difference in observed rates. For measures not reported as percentages (e.g. adult admission measures) differences were highlighted based only on statistical significance, with no minimum threshold.

For three PA performance Birth-related measures: Cesarean Rate for Nulliparous Singleton Vertex (CRS), Live Births Weighing Less Than 2,500 Grams (PLB), and Elective Delivery, rates for each of the measures were produced utilizing MCO Birth files in addition to the 2018 (MY 2017) Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. IPRO then utilized the MCO file in addition to the most recent applicable PA Department of Health Birth File to identify the denominator, numerator and rate for the three measures.

HEDIS 2018 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A Final Audit Report was submitted to NCQA for each MCO. Because the PA-specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA-specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA-specific measures.

Evaluation of MCO performance is based on both PA-specific performance measures and selected HEDIS measures for the EQR. The following is a list of the performance measures included in this year's EQR report.

Table 3.1: Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents' Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 65+)
HEDIS	Adult Body Mass Index Assessment
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)

Source	Measures
HEDIS	Childhood Immunizations Status by Age 2 (Combination 2)
HEDIS	Childhood Immunizations Status by Age 2 (Combination 3)
HEDIS	Adolescent Well-Care Visits (Age 12 to 21 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical Activity: (Total)
HEDIS	Immunizations for Adolescents (Combination 1)
EPSDT: Screenings and Follow up	
HEDIS	Lead Screening in Children (Age 2 years)
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) – Initiation Phase
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – Continuation and Maintenance Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Initiation Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Continuation and Maintenance Phase
PA EQR	Developmental Screening in the First Three Years of Life – 1 year
PA EQR	Developmental Screening in the First Three Years of Life – 2 years
PA EQR	Developmental Screening in the First Three Years of Life – 3 years
PA EQR	Developmental Screening in the First Three Years of Life – Total
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 7 days)
Dental Care for Children and Adults	
HEDIS	Annual Dental Visit (Age 2-20 years)
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Ages 2-20 years)
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA)

Source	Measures
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA: Dental-Enhanced)
Women's Health	
HEDIS	Breast Cancer Screening (Age 50–74 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-24 years)
HEDIS	Non-Recommended Cervical Cancer Screening in Adolescent Females
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
Obstetric and Neonatal Care	
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
PA EQR	Perinatal Depression Screening: Prenatal Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Prenatal Counseling for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Postpartum Counseling for Depression
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Alcohol use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Illicit drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Prescribed or over-the-counter drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Intimate partner violence
PA EQR	Behavioral Health Risk Assessment
PA EQR	Elective Delivery
Respiratory Conditions	
HEDIS	Appropriate Testing for Children with Pharyngitis
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator

Source	Measures
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Total)
HEDIS	Asthma Medication Ratio (5-11 years)
HEDIS	Asthma Medication Ratio (12-18 years)
HEDIS	Asthma Medication Ratio (19-50 years)
HEDIS	Asthma Medication Ratio (51-64 years)
HEDIS	Asthma Medication Ratio (Total)
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years) – Admission per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) - Admission per 100,000 Member Months
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Control (<8.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 18-64 years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 65+ years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Total Rate)
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 - 75 Years of Age)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate1 (Age 18-64 Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Age 65+ Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Total Age 18+ Years) per 100,000 member months
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia
Utilization	
PA EQR	Reducing Potentially Preventable Readmissions
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 1 - 5 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 6 - 11 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 12 - 17 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)

Source	Measures
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 - 5 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 6 - 11 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 12 - 17 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)
HEDIS	Use of Opioids at High Dosage[2]
HEDIS	Use of Opioids from Multiple Provider (4 or more prescribers)
HEDIS	Use of Opioids From Multiple Providers- (4 or more pharmacies)
HEDIS	Use of Opioids From Multiple Providers - (4 or more prescribers & pharmacies)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CLABSI)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CAUTI)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (MRSA)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CDIFF)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - unavailable SIR
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 4+ Stays (Ages Total)

[2] A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

Source	Measures
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - Total Stays (Ages Total)

PA-Specific Performance Measure Selection and Descriptions

Several PA-specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DHS direction, IPRO created the indicator specifications to resemble HEDIS® specifications. Measures previously developed and added as mandated by CMS for children in accordance with the Children's Health Insurance Program Reauthorization Act (CHIPRA) and for adults in accordance with the Affordable Care Act (ACA) were continued as applicable to revised CMS specifications. Additionally, new measures were developed and added in 2018 as mandated in accordance with the ACA. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, as well as other specifications, as needed. Indicator rates are calculated through one of two methods: (1) administrative, which uses only the MCO's data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator "hits" for rate calculation.

PA Specific Administrative Measures

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (New - 2018)

This performance measure assesses the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – CHIPRA Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse. IPRO evaluated this measure using HEDIS 2018 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported:

Initiation Phase: The percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Developmental Screening in the First Three Years of Life– CHIPRA Core Set

This performance measure assesses the percentage of children screened for risk of developmental, behav
ioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Four rates, one for each group and a combined rate are to be calculated and reported for each numerator.

Follow-Up After Emergency Department Visit for Mental illness or Alcohol and Other Drug Abuse or Dependence (New - 2018)

This performance measure assesses the percentage of emergency department (ED) visits for members 18 years of age and older with a principal diagnosis of mental illness or alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for mental illness or AOD. Four rates are reported:

Mental Illness

- The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).

Alcohol and Other Drug Abuse or Dependence

- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 30 days of the ED visit (31 total days).

Per the CMS specifications, rates are reported for age cohorts 18 to 64 and 65 and older.

Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assesses the percentage of enrollees with a developmental disability age two through 20 years of age, who were continuously enrolled and had at least one dental visit during the measurement year. This indicator utilizes the HEDIS 2018 measure Annual Dental Visit (ADV).

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk – CHIPRA Core Set

This performance measure assesses the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year.

Additionally, to be more closely aligned to the CHIPRA Core Set Measure specifications, a second enhanced measure is reported which includes additional available dental data (Dental-enhanced).

Contraceptive Care for All Women Ages 15-44 - CMS Core measure – New 2018

This performance measure assesses the percentage of women ages 15 through 44 at risk of unintended pregnancy who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC). Four rates are reported – two rates are reported for each of the age groups (15-20 and 21-44): (1) provision of most or moderately effective contraception, and (2) provision of LARC.

Contraceptive Care for Postpartum Women Ages 15-44 - CMS Core measure– New 2018

This performance measure assesses the percentage of women ages 15 through 44 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery. Eight rates are reported – four rates for each of the age groups (15-20 and 21-44): (1) Most or moderately effective contraception – 3 days, (2) Most or moderately effective contraception – 60 days, (3) LARC – 3 days, and (4) LARC – 60 days.

Frequency of Ongoing Prenatal Care

This performance measure assesses the percentage of pregnant enrollees who delivered on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal care visits:

- ≥ than 61 percent of expected visits
- ≥ than 81 percent of expected visits

Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

This performance measure assesses Cesarean Rate for low-risk first birth women [aka NSV CS rate: nulliparous, term, singleton, vertex].

Percent of Live Births Weighing Less than 2,500 Grams – CHIPRA Core Set

This performance measure is event-driven and identifies all live births during the measurement year in order to assess the number of live births that weighed less than 2,500 grams as a percent of the number of live births.

Elective Delivery – Adult Core Set

This performance measure assesses the percentage of enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.

Asthma in Younger Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for asthma in adults ages 18 to 39 years per 100,000 Medicaid member months.

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid members 40 years and older. Three age groups will be reported: ages 40-64 years and age 65 years and older, and 40+ years.

Diabetes Short-Term Complications Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma) in adults 18 years and older per 100,000 Medicaid member months. Two age groups will be reported: ages 18-64 years and age 65 years and older.

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (New - 2018)

This performance measure assess the percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) in poor control (>9.0%)

Heart Failure Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for heart failure in adults 18 years and older per 100,000 Medicaid member months. Three age groups are reported: ages 18-64 years, ages 65 years and older and total age.

Reducing Potentially Preventable Readmissions

This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute discharge. This measure utilized the 2018 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges. For this measure, a lower rate indicates better performance.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia – Adult Core Set

The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. Members in hospice are excluded from eligible population.

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse.

PA Specific Hybrid Measures

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

This performance measure assesses the percentage of pregnant enrollees who were:

1. Screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
2. Screened for smoking during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for environmental tobacco smoke exposure during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
4. Screened for smoking in one of their first two prenatal visits, who smoke (i.e., a smoker during the pregnancy), and were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
5. Screened for environmental tobacco smoke exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
6. Screened for smoking in one of their first two prenatal visits and found to be current smokers (i.e., smoked at the time of one of their first two prenatal visits) that stopped smoking during their pregnancy.

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Perinatal Depression Screening

This performance measure assesses the percentage of enrollees who were:

1. Screened for depression during a prenatal care visit.
2. Screened for depression during a prenatal care visits using a validated depression screening tool.
3. Screened for depression during the time frame of the first two prenatal care visits (CHIPRA indicator).
4. Screened positive for depression during a prenatal care visit.
5. Screened positive for depression during a prenatal care visits and had evidence of further evaluation or treatment or referral for further treatment.
6. Screened for depression during a postpartum care visit.
7. Screened for depression during a postpartum care visit using a validated depression screening tool.
8. Screened positive for depression during a postpartum care visit.
9. Screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Maternity Risk Factor Assessment

This performance measure assesses, for each of the following risk categories, the percentage of pregnant enrollees who were:

1. Screened for alcohol use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
2. Screened for illicit drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for prescribed or over-the-counter drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
4. Screened for intimate partner violence during the time frame of one of their first two prenatal visits (CHIPRA indicator).

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Behavioral Health Risk Assessment– CHIPRA Core Set

This performance measure is a combination of the screening assessments for all risk factors identified by each of the CHIPRA indicators in the Perinatal Depression Screening (PDS), Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS), and Maternity Risk Factor Assessment (MRFA) measures.

This performance measure assesses the percentage of enrollees who were screened during the time frame of one of their first two prenatal visits for all of the following risk factors:

1. depression screening,
2. tobacco use screening,
3. alcohol use screening,
4. drug use screening (illicit and prescription, over the counter), and
5. intimate partner violence screening.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2018. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2018, Volume 2 Narrative. The measurement year for HEDIS 2018 measures is 2017, as well as prior years for selected measures. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assesses the percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. The following age groups are reported: 20-44, 45-64, and 65+

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Well-Child Visits in the First 15 Months of Life

This measure assessed the percentage of enrollees who turned 15 months old during the measurement year, who were continuously enrolled from 31 days of age through 15 months of age who received six or more well-child visits with a PCP during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

This measure assessed the percentage of enrollees who were 3, 4, 5, or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rate were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:
(4) Diphtheria and Tetanus, and Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)
(3) Injectable Polio Vaccine (IPV)
(1) Measles, Mumps, and Rubella (MMR)
(3) Haemophilius Influenza Type B (HiB)
(3) Hepatitis B (HepB)
(1) Chicken Pox (VZV)
(4) Pneumococcal Conjugate Vaccine – Combination 3 only

Adolescent Well-Care Visits

This measure assessed the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Immunization for Adolescents (Combo 1)

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday.

Lead Screening in Children

This measure assessed the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Follow-up Care for Children Prescribed ADHD Medication

This measure assessed the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of 2 and 20 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

The eligible population for this measure is women 52–74 years of age as of December 31 of the measurement year. Members are included in the numerator if they had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Eligible members who received mammograms beginning at age 50 are included in the numerator.

Cervical Cancer Screening

This measure assessed the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Chlamydia Screening in Women

This measure assessed the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Three age cohorts are reported: 16 – 20 years, 21 – 24 years, and total.

Non-Recommended Cervical Cancer Screening in Adolescent Females

This measure assessed the percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance.

Prenatal and Postpartum Care

This measure assessed the percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure assessed the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

This measure assessed the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation

This measure assessed the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Medication Management for People with Asthma - 75% Compliance

This measure assessed the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period and remained on an asthma controller medication for at least 75% of their treatment period. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Asthma Medication Ratio – New 2018

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Comprehensive Diabetes Care

This measure assessed the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- HbA1c control (<7.0%) for a selected population.
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Statin Therapy for Patients With Diabetes

This measure assessed the percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Controlling High Blood Pressure

This measure assessed the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

For this measure, a single rate, the sum of all three groups, is reported.

Statin Therapy for Patients With Cardiovascular Disease

This measure assessed the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Total rates for 1 and 2 are also reported.

Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia

This measure assessed the percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

This measure assessed the percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

This measure assessed the percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications. Age groups 1 -5, 6-11, 12-17 and total are reported.

For this measure a lower rate indicates better performance.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure assessed the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Age groups 1-5, 6-11, 12-17, and total years are reported.

Use of Opioids at High Dosage – New 2018

This measure assessed for members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days at a high dosage (average morphine equivalent dose [MED] >120 mg).

Note: A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

Use of Opioids from Multiple Providers – NEW 2018

This measure assessed for members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days who received opioids from multiple providers. Three rates are reported:

1. **Multiple Prescribers:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year
2. **Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
3. **Multiple Prescribers and Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers ***and*** four or more different pharmacies during the measurement year

Standardized Healthcare-Associated Infection Ratio – NEW 2018

This measure assessed hospital-reported standard infection ratios (SIR) for four different healthcare-associated infections (HAI), adjusted for the proportion of members discharged from each acute care hospital. The measure reports the percentage of total discharges from hospitals with a high, moderate, low or unavailable SIR, next to a total plan-weighted SIR for each of the following infections:

- *HAI-1:* Central line-associated blood stream infections (CLABSI)
- *HAI-2:* Catheter-associated urinary tract infections (CAUTI)
- *HAI-5:* Methicillin-resistant Staphylococcus aureus (MRSA) blood laboratory-identified events (bloodstream infections)
- *HAI-6:* Clostridium difficile laboratory-identified events (intestinal infections) (CDIFF)

Note: *A lower SIR indicates better performance. SIRs >1.0 indicate that more infections occurred than expected; SIRs <1.0 indicate fewer infections occurred than expected.*

Plan All-Cause Readmissions (PCR) – NEW 2018

The measure assessed for members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported for members with 1-3, 4+, and total index hospital stays in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator)
2. Count of 30-Day Readmissions (numerator)
3. Observed Readmission Rate
4. Expected Readmissions Rate
5. Observed to Expected Readmission Ratio

CAHPS® Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is overseen by the Agency of Healthcare Research and Quality (AHRQ) and includes many survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS.

Implementation of PA-Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA-specific measures for 2018 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA-specific measures. As previously indicated, for three PA Birth-related performance measures IPRO utilized the MCO Birth files in addition to the 2018 Department of Health Birth File to identify the denominator, numerator and rate for the Birth-related measures.

IPRO validated the medical record abstraction of the three PA-specific hybrid measures consistent with the protocol used for a HEDIS audit. The validation process includes a MRR process evaluation and review of the MCO's MRR tools and instruction materials. This review ensures that the MCO's MRR process was executed as planned and the abstraction results are accurate. A random sample of 16 records from each selected indicator across the three measures was evaluated. The indicators were selected for validation based on preliminary rates observed upon the MCO's completion of abstraction. The MCO passed MRR Validation for the Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit, the Perinatal Depression Screening, and the Maternity Risk Factor Assessment measures.

In 2018 it was identified that 6 of 9 PH MCOs incorrectly excluded denied claims from the 2017 (MY 2016) Reducing Potentially Preventable Readmissions (RPR) rate. This affected the RPR rate reported in the 2017 EQR reports. Corrected 2017 (MY 2016) data files were resubmitted by affected MCOs. Revised RPR 2017 (MY 2016) rates are included in this report.

The MCO successfully completed the HEDIS audit. The MCO received an Audit Designation of Report for all applicable measures.

Findings

MCO results are presented in Tables 3.2 through 3.11. For each measure, the denominator, numerator, and measurement year rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% confidence interval indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly,

would fall within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the confidence interval 95 times, or 95% of the time.

Rates for both the measurement year and the previous year are presented, as available [i.e., 2018 (MY 2017) and 2017 (MY 2016)]. In addition, statistical comparisons are made between the 2018 and 2017 rates. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations. For comparison of 2018 rates to 2017 rates, statistically significant increases are indicated by "+", statistically significant decreases by "–" and no statistically significant change by "n.s.".

In addition to each individual MCO's rate, the MMC average for 2018 (MY 2017) is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of difference between the plan's measurement year rate and the MMC average for the same year. For comparison of 2018 rates to MMC rates, the "+" symbol denotes that the plan rate exceeds the MMC rate; the "–" symbol denotes that the MMC rate exceeds the plan rate and "n.s." denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful. Hence, results corresponding to each table highlight only differences that are both statistically significant, and display at least a **3**-percentage point difference in observed rates. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates may not yield statistical significance due to reduced power; if statistical significance is not achieved, results will not be highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, "NA" (Not Applicable) appears in the corresponding cells. However, "NA" (Not Available) also appears in the cells under the HEDIS 2018 percentile column for PA-specific measures that do not have HEDIS percentiles to compare.

The tables below show rates up to one decimal place. Calculations to determine differences between rates are based upon unrounded rates. Due to rounding, differences in rates that are reported in the narrative may differ slightly from the difference between the rates as presented in the table.

Access to/Availability of Care

Strengths are identified for the following Access/Availability of Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years) – 5.3 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years) – 3.9 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years) – 5.4 percentage points

Opportunities for improvement are identified for Access/Availability of Care performance measures.

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Children and Adolescents' Access to PCPs (Age 12-24 months) – 3.0 percentage points
  - Children and Adolescents' Access to PCPs (Age 25 months-6 years) – 3.7 percentage points

Table 3.2: Access to Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 24 months)	4,527	4,208	**93.0%**	92.2%	93.7%	95.6%	-	96.0%	-	>= 10th and < 25th percentile

HEDIS	Children and Adolescents' Access to PCPs (Age 25 months 6 years)	19,201	16,252	**84.6%**	84.1%	85.2%	87.9%	-	88.4%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 7 11 years)	15,875	14,238	**89.7%**	89.2%	90.2%	92.4%	-	92.6%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 19 years)	19,704	17,532	**89.0%**	88.5%	89.4%	91.4%	-	91.5%	-	>= 25th and < 50th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 20 44 years)	39,825	33,120	**83.2%**	82.8%	83.5%	83.6%	n.s.	77.8%	+	>= 75th and < 90th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45 64 years)	20,569	18,513	**90.0%**	89.6%	90.4%	91.0%	-	86.1%	+	>= 75th and < 90th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ years)	622	550	**88.4%**	85.8%	91.0%	88.9%	n.s.	83.0%	+	>= 50th and < 75th percentile
HEDIS	Adult BMI Assessment (Age 18 74 years)	411	383	**93.2%**	90.6%	95.7%	94.0%	n.s.	91.9%	n.s.	>= 75th and < 90th percentile
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)	10	8	**NA**	NA	NA	NA	NA	60.7%	NA	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)	172	125	**72.7%**	65.7%	79.6%	NA	NA	72.7%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)	246	168	**68.3%**	62.3%	74.3%	NA	NA	69.6%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)	428	301	**70.3%**	65.9%	74.8%	NA	NA	70.6%	n.s.	NA

Well-Care Visits and Immunizations

Strengths are identified for the following Well-Care Visits and Immunizations performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years) – 4.4 percentage points
  - Body Mass Index: Percentile (Age 3 - 11 years) – 6.3 percentage points
  - Body Mass Index: Percentile (Age 12-17 years) – 7.9 percentage points
  - Body Mass Index: Percentile (Total) – 6.9 percentage points

No opportunities for improvement are identified for Well-Care Visits and Immunizations performance measures.

Table 3.3: Well-Care Visits and Immunizations

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	411	298	**72.5%**	68.1%	76.9%	69.9%	n.s.	69.9%	n.s.	>= 75th and < 90th percentile
HEDIS	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)	411	337	**82.0%**	78.2%	85.8%	70.4%	+	77.6%	+	>= 75th and < 90th percentile
HEDIS	Childhood Immunizations Status (Combination 2)	411	316	**76.9%**	72.7%	81.1%	77.3%	n.s.	76.1%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 3)	411	305	**74.2%**	69.9%	78.6%	75.0%	n.s.	73.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	411	272	**66.2%**	61.5%	70.9%	53.0%	+	62.0%	n.s.	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 3 11 years)	259	220	**84.9%**	80.4%	89.5%	83.2%	n.s.	78.6%	+	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 12 17 years)	152	128	**84.2%**	78.1%	90.3%	79.5%	n.s.	76.3%	+	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Total)	411	348	**84.7%**	81.1%	88.3%	81.9%	n.s.	77.8%	+	>= 75th and < 90th percentile

HEDIS	Counseling for Nutrition (Age 3 11 years)	259	196	**75.7%**	70.3%	81.1%	76.6%	n.s.	74.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Age 12 17 years)	152	114	**75.0%**	67.8%	82.2%	65.8%	n.s.	71.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Total)	411	310	**75.4%**	71.1%	79.7%	72.9%	n.s.	73.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 3 11 years)	259	178	**68.7%**	62.9%	74.6%	63.3%	n.s.	65.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 12 17 years)	152	111	**73.0%**	65.6%	80.4%	63.0%	n.s.	68.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Total)	411	289	**70.3%**	65.8%	74.9%	63.2%	+	66.5%	n.s.	>= 50th and < 75th percentile
HEDIS	Immunization for Adolescents (Combo 1)	411	353	**85.9%**	82.4%	89.4%	78.7%	+	85.9%	n.s.	>= 75th and < 90th percentile

EPSDT: Screenings and Follow-up

No Strengths are identified for the following EPSDT: Screenings and Follow-up performance measures.

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Lead Screening in Children (Age 2 years) – 4.9 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase – 16.9 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase – 18.5 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase – 17.0 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase – 21.0 percentage points
  - Developmental Screening in the First Three Years of Life - Total – 8.0 percentage points
  - Developmental Screening in the First Three Years of Life - 1 year – 11.5 percentage points
  - Developmental Screening in the First Three Years of Life - 2 years – 7.1 percentage points
  - Developmental Screening in the First Three Years of Life - 3 years – 4.9 percentage points

Table 3.4: EPSDT: Screenings and Follow-up

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Lead Screening in Children (Age 2 years)	411	310	**75.4%**	71.1%	79.7%	75.2%	n.s.	80.3%	-	>= 50th and < 75th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	1,335	314	**23.5%**	21.2%	25.8%	24.3%	n.s.	40.5%	-	< 10th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	386	103	**26.7%**	22.1%	31.2%	30.0%	n.s.	45.2%	-	< 10th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	1,335	323	**24.2%**	21.9%	26.5%	24.9%	n.s.	41.2%	-	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	375	103	**27.5%**	22.8%	32.1%	31.8%	n.s.	48.5%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life Total	11,899	5,677	**47.7%**	46.8%	48.6%	45.7%	+	55.7%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year	4,146	1,605	**38.7%**	37.2%	40.2%	37.5%	n.s.	50.3%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years	3,894	2,026	**52.0%**	50.4%	53.6%	50.4%	n.s.	59.1%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years	3,859	2,046	**53.0%**	51.4%	54.6%	50.5%	+	57.9%	-	NA

PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 7 days)	85	31	**36.5%**	25.6%	47.3%	NA	NA	35.3%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 30 days)	85	42	**49.4%**	38.2%	60.6%	NA	NA	49.7%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 7 days)	1,188	168	**14.1%**	12.1%	16.2%	NA	NA	15.3%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 30 days)	1,188	254	**21.4%**	19.0%	23.8%	NA	NA	23.2%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 30 days)	4	1	**NA**	NA	NA	NA	NA	31.8%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 30 days)	0	0	**NA**	NA	NA	NA	NA	NA	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 7 days)	4	2	**NA**	NA	NA	NA	NA	13.6%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 7 days)	0	0	**NA**	NA	NA	NA	NA	NA	NA	NA

Dental Care for Children and Adults

Strengths are identified for the following Dental Care for Children and Adults performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
    - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years) – 5.5 percentage points

No Opportunities for improvement are identified for Dental Care for Children and Adults performance measures

Table 3.5: EPSDT: Dental Care for Children and Adults

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Annual Dental Visit (Age 2 20 years)	65,865	43,402	**65.9%**	65.5%	66.3%	65.5%	n.s.	63.0%	+	>= 75th and < 90th percentile

PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2 20years)	5,164	3,510	**68.0%**	66.7%	69.3%	68.3%	n.s.	62.5%	+	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk	10,937	2,453	**22.4%**	21.6%	23.2%	23.6%	-	24.4%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk (Dental Enhanced)	11,084	2,497	**22.5%**	21.7%	23.3%	23.3%	n.s.	25.3%	-	NA

Women's Health

Strengths are identified for the following Women's Health performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Breast Cancer Screening (Age 50-74 years) – 4.7 percentage points
  - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20) – 4.1 percentage points
  - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44) – 5.7 percentage points
  - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20) – 10.4 percentage points
  - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44) – 11.3 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Chlamydia Screening in Women (Total) – 5.5 percentage points
  - Chlamydia Screening in Women (Age 16-20 years) – 3.8 percentage points
  - Chlamydia Screening in Women (Age 21-24 years) – 7.4 percentage points

Table 3.6: Women's Health

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Breast Cancer Screening (Age 50 74 years)	5,193	3,276	**63.1%**	61.8%	64.4%	64.1%	n.s.	58.4%	+	>= 50th and < 75th percentile
HEDIS	Cervical Cancer Screening (Age 21 64 years)	411	260	**63.3%**	58.5%	68.0%	65.7%	n.s.	60.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Total)	6,910	3,802	**55.0%**	53.8%	56.2%	54.4%	n.s.	60.6%	-	>= 25th and < 50th percentile
HEDIS	Chlamydia Screening in Women (Age 16 20 years)	3,782	2,009	**53.1%**	51.5%	54.7%	50.5%	+	56.9%	-	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Age 21 24 years)	3,128	1,793	**57.3%**	55.6%	59.1%	59.0%	n.s.	64.8%	-	>= 10th and < 25th percentile
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	6,486	53	**0.8%**	0.6%	1.0%	1.0%	n.s.	0.9%	n.s.	>= 50th and < 75th percentile
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)	7,666	2,502	**32.6%**	31.6%	33.7%	NA	NA	28.5%	+	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)	7,666	452	**5.9%**	5.4%	6.4%	NA	NA	5.0%	+	NA
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)	24,120	7,397	**30.7%**	30.1%	31.3%	NA	NA	25.0%	+	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)	24,120	1,822	**7.6%**	7.2%	7.9%	NA	NA	6.4%	+	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 15 to 20)	428	29	**6.8%**	4.3%	9.3%	NA	NA	7.6%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 15 to 20)	428	206	**48.1%**	43.3%	53.0%	NA	NA	37.7%	+	NA

PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 15 to 20)	428	13	**3.0%**	1.3%	4.8%	NA	NA	3.3%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 15 to 20)	428	72	**16.8%**	13.2%	20.5%	NA	NA	13.7%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 21 to 44)	3,075	482	**15.7%**	14.4%	17.0%	NA	NA	13.8%	+	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 21 to 44)	3,075	1,556	**50.6%**	48.8%	52.4%	NA	NA	39.3%	+	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 21 to 44)	3,075	49	**1.6%**	1.1%	2.1%	NA	NA	2.1%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 21 to 44)	3,075	383	**12.5%**	11.3%	13.6%	NA	NA	10.6%	+	NA

[1] For the Non-Recommended Cervical Cancer Screening in Adolescent Females measure, lower rate indicates better performance

Obstetric and Neonatal Care

Strengths are identified for the following Obstetric and Neonatal Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Prenatal and Postpartum Care – Timeliness of Prenatal Care – 3.5 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Prenatal Screening for Smoking – 5.9 percentage points
  - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator) – 5.8 percentage points
  - Prenatal Screening for Environmental Tobacco Smoke Exposure – 8.1 percentage points
  - Prenatal Counseling for Environmental Tobacco Smoke Exposure – 20.0 percentage points
  - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator) – 5.9 percentage points
  - Postpartum Screening for Depression – 6.4 percentage points
  - Prenatal Screening for Alcohol use – 6.6 percentage points
  - Prenatal Screening for Illicit drug use – 6.3 percentage points
  - Prenatal Screening for Prescribed or over-the-counter drug use – 9.9 percentage points
  - Prenatal Screening for Intimate partner violence – 5.2 percentage points
  - Elective Delivery – 7.1 percentage points

Table 3.7: Obstetric and Neonatal Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	**Indicator**	**Denom**	**Num**	**Rate**	**Lower 95% Confidence Interval**	**Upper 95% Confidence Interval**	**2017 (MY2016) Rate**	**2018 Rate Compared to 2017**	**MMC**	**2018 Rate Compared to MMC**	**HEDIS 2018 Percentile**
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 61% of Expected Prenatal Care Visits Received	411	338	**82.2%**	78.4%	86.1%	89.1%	-	84.6%	n.s.	NA
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 81% of Expected Prenatal Care Visits Received	411	288	**70.1%**	65.5%	74.6%	80.5%	-	70.6%	n.s.	NA
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	411	370	**90.0%**	87.0%	93.0%	92.1%	n.s.	86.6%	+	>= 75th and < 90th percentile
HEDIS	Prenatal and Postpartum Care Postpartum Care	411	279	**67.9%**	63.2%	72.5%	71.3%	n.s.	67.7%	n.s.	>= 50th and < 75th percentile
PA EQR	Prenatal Screening for Smoking	403	310	**76.9%**	72.7%	81.2%	85.1%	-	82.8%	-	NA
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	403	308	**76.4%**	72.2%	80.7%	84.8%	-	82.2%	-	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	403	155	**38.5%**	33.6%	43.3%	34.2%	n.s.	46.5%	-	NA
PA EQR	Prenatal Counseling for Smoking	81	75	**92.6%**	86.3%	98.9%	86.9%	n.s.	86.1%	n.s.	NA

PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	41	24	**58.5%**	42.2%	74.8%	56.8%	n.s.	78.5%	-	NA
PA EQR	Prenatal Smoking Cessation	81	9	**11.1%**	3.6%	18.6%	10.7%	n.s.	10.0%	n.s.	NA
PA EQR	Prenatal Screening for Depression	403	287	**71.2%**	66.7%	75.8%	74.7%	n.s.	72.5%	n.s.	NA
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	403	239	**59.3%**	54.4%	64.2%	67.1%	-	65.2%	-	NA
PA EQR	Prenatal Screening Positive for Depression	287	66	**23.0%**	18.0%	28.0%	13.6%	+	20.2%	n.s.	NA
PA EQR	Prental Counseling for Depression	66	50	**75.8%**	64.7%	86.9%	87.5%	n.s.	73.7%	n.s.	NA
PA EQR	Postpartum Screening for Depression	306	205	**67.0%**	61.6%	72.4%	82.4%	-	73.4%	-	NA
PA EQR	Postpartum Screening Positive for Depression	205	31	**15.1%**	10.0%	20.3%	15.7%	n.s.	15.2%	n.s.	NA
PA EQR	Postpartum Counseling for Depression	31	30	**96.8%**	88.9%	100.0%	94.9%	n.s.	87.3%	n.s.	NA
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	862	182	**21.1%**	18.3%	23.9%	22.3%	n.s.	23.6%	n.s.	NA
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	4,282	405	**9.5%**	8.6%	10.3%	8.7%	n.s.	9.9%	n.s.	NA
PA EQR	Prenatal Screening for Alcohol use	403	292	**72.5%**	68.0%	76.9%	83.3%	-	79.1%	-	NA
PA EQR	Prenatal Screening for Illicit drug use	403	293	**72.7%**	68.2%	77.2%	83.5%	-	79.0%	-	NA
PA EQR	Prenatal Screening for Prescribed or over the counter drug use	403	297	**73.7%**	69.3%	78.1%	85.3%	-	83.6%	-	NA
PA EQR	Prenatal Screening for Intimate partner violence	403	204	**50.6%**	45.6%	55.6%	52.4%	n.s.	55.9%	-	NA
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	403	163	**40.4%**	35.5%	45.4%	44.1%	n.s.	44.3%	n.s.	NA
PA EQR	Elective Delivery	1,090	128	**11.7%**	9.8%	13.7%	18.2%	-	4.7%	+	NA

[1] Lower rate indicates better performance for three measures that are related to live births: Cesarean Rate for Nulliparous Singleton Vertex, Percent of Live Births Weighing Less than 2,500 Grams (Positive), and Elective Delivery.

Respiratory Conditions

Strengths are identified for the following Respiratory Conditions performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid – 6.1 percentage points
  - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator – 3.3 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years) – 11.9 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 12-18 years) – 11.1 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years) – 10.2 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years) – 5.4 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years) – 10.7 percentage points
  - Asthma Medication Ratio (5-11 years) – 5.0 percentage points
  - Asthma Medication Ratio (12-18 years) – 4.9 percentage points
  - Asthma Medication Ratio (19-50 years) – 4.3 percentage points
  - Asthma Medication Ratio (Total) – 4.3 percentage points
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months – 27.52 admissions per 100,000 member months
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months – 26.50 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – 6.7 percentage points

Table 3.8: Respiratory Conditions

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	2,889	2,314	**80.1%**	78.6%	81.6%	67.1%	+	82.9%	-	>= 25th and < 50th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection	4,272	414	**90.3%**	89.4%	91.2%	92.0%	-	91.1%	n.s.	>= 25th and < 50th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1,742	1,224	**29.7%**	27.6%	31.9%	24.2%	+	36.4%	-	>= 25th and < 50th percentile
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	393	131	**33.3%**	28.5%	38.1%	33.6%	n.s.	29.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	675	547	**81.0%**	78.0%	84.1%	81.4%	n.s.	74.9%	+	>= 90th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	675	597	**88.4%**	86.0%	90.9%	90.5%	n.s.	85.2%	+	>= 75th and < 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 years)	1,065	532	**50.0%**	46.9%	53.0%	48.1%	n.s.	38.1%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 years)	766	392	**51.2%**	47.6%	54.8%	51.7%	n.s.	40.0%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 years)	1,226	701	**57.2%**	54.4%	60.0%	56.9%	n.s.	47.0%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 years)	504	339	**67.3%**	63.1%	71.5%	67.8%	n.s.	61.8%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Total Age 5 64 years)	3,561	1,964	**55.2%**	53.5%	56.8%	54.3%	n.s.	44.5%	+	>= 90th percentile
HEDIS	Asthma Medication Ratio (5 11 years)	1,128	870	**77.1%**	74.6%	79.6%	76.6%	n.s.	72.1%	+	>= 50th and < 75th percentile
HEDIS	Asthma Medication Ratio (12 18 years)	840	611	**72.7%**	69.7%	75.8%	69.8%	n.s.	67.9%	+	>= 75th and < 90th percentile
HEDIS	Asthma Medication Ratio (19 50 years)	1,541	956	**62.0%**	59.6%	64.5%	60.0%	n.s.	57.8%	+	>= 75th and < 90th percentile
HEDIS	Asthma Medication Ratio (51 64 years)	633	410	**64.8%**	61.0%	68.6%	61.2%	n.s.	61.2%	n.s.	>= 75th and < 90th percentile
HEDIS	Asthma Medication Ratio (Total)	4,142	2,847	**68.7%**	67.3%	70.2%	67.2%	n.s.	64.5%	+	>= 75th and < 90th percentile
PA EQR	Asthma in Younger Adults Admission Rate (Age 18 39 years) per 100,000 member months	649,768	48	**7.4**	5.3	9.5	9.2	n.s.	7.3	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months	406,159	272	**67.0**	59.0	74.9	NA	NA	94.5	-	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months	8,806	7	**79.5**	20.6	138.4	NA	NA	55.5	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months	414,965	279	**67.2**	59.3	75.1	61.6	n.s.	93.7	-	NA

[1] Per NCQA, a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).
[2] Per NCQA, a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).
[3] For the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

Strengths are identified for the following Comprehensive Diabetes Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Retinal Eye Exam – 4.2 percentage points
  - Statin Therapy for Patients With Diabetes: Statin Adherence 80% – 10.9 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Medical Attention for Nephropathy – 3.8 percentage points
  - Statin Therapy for Patients With Diabetes: Received Statin Therapy – 7.2 percentage points

Table 3.9: Comprehensive Diabetes Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Hemoglobin A1c (HbA1c) Testing	549	475	**86.5%**	83.6%	89.5%	86.9%	n.s.	87.2%	n.s.	>= 25th and < 50th percentile
HEDIS	HbA1c Poor Control (>9.0%)	549	188	**34.2%**	30.2%	38.3%	36.8%	n.s.	34.7%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Control (<8.0%)	549	283	**51.5%**	47.3%	55.8%	48.8%	n.s.	52.9%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Good Control (<7.0%)	411	151	**36.7%**	32.0%	41.5%	38.1%	n.s.	37.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Retinal Eye Exam	549	347	**63.2%**	59.1%	67.3%	66.0%	n.s.	59.0%	+	>= 50th and < 75th percentile
HEDIS	Medical Attention for Nephropathy	549	471	**85.8%**	82.8%	88.8%	89.4%	n.s.	89.6%	-	< 10th percentile
HEDIS	Blood Pressure Controlled <140/90 mm Hg	549	396	**72.1%**	68.3%	76.0%	69.7%	n.s.	69.2%	n.s.	>= 75th and < 90th percentile
PA EQR	Diabetes Short Term Complications Admission Rate (Age 18 64 years) per 100,000 member months	1,055,927	131	**12.4**	10.3	14.5	17.2	-	14.7	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Age 65+ years) per 100,000 member months	8,806	0	**0.0**	0.0	0.0	12.9	n.s.	1.8	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months	1,064,733	131	**12.3**	10.2	14.4	17.1	-	14.6	n.s.	NA
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy	3,559	1,890	**53.1%**	51.5%	54.8%	67.7%	-	60.3%	-	>= 10th and < 25th percentile
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%	1,890	1,460	**77.2%**	75.3%	79.2%	76.3%	n.s.	66.4%	+	>= 90th percentile
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 64 Years of Age)	799	692	**86.6%**	84.2%	89.0%	NA	NA	87.2%	n.s.	NA
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 75 Years of Age)	5	2	**NA**	NA	NA	NA	NA	86.4%	NA	NA

[1] For HbA1c Poor Control, lower rates indicate better performance.
[2] For the Adult Admission Rate measures, lower rates indicate better performance

Cardiovascular Care

Strengths are identified for the following Cardiovascular Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male) – 11.5 percentage points

- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female) – 10.1 percentage points
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate – 10.9 percentage points
- Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months – 4.96 admissions per 100,000 member months
- Heart Failure Admission Rate (Age 65+ years) per 100,000 member months – 58.88 admissions per 100,000 member months
- Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months – 5.37 admissions per 100,000 member months

No opportunities for improvement are identified for Cardiovascular Care performance measures

Table 3.10: Cardiovascular Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	117	107	**91.5%**	86.0%	96.9%	89.2%	n.s.	85.0%	n.s.	>= 90th percentile
HEDIS	Controlling High Blood Pressure (Total Rate)	411	271	**65.9%**	61.2%	70.6%	66.4%	n.s.	64.3%	n.s.	>= 75th and < 90th percentile
PA EQR	Heart Failure Admission Rate (Age 18 64 years) per 100,000 member months	1,055,927	152	**14.4**	12.1	16.7	13.6	n.s.	19.4	-	NA
PA EQR	Heart Failure Admission Rate (Age 65+ years) per 100,000 member months	8,806	1	**11.4**	0.0	33.6	25.8	n.s.	70.2	-	NA
PA EQR	Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months	1,064,733	153	**14.4**	12.1	16.6	13.7	n.s.	19.7	-	NA
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21 75 years (Male)	387	295	**76.2%**	71.9%	80.6%	78.0%	n.s.	79.2%	n.s.	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40 75 years (Female)	319	239	**74.9%**	70.0%	79.8%	83.3%	-	75.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate	706	534	**75.6%**	72.4%	78.9%	80.5%	-	77.7%	n.s.	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 21 75 years (Male)	295	240	**81.4%**	76.7%	86.0%	81.5%	n.s.	69.9%	+	>= 90th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 40 75 years (Female)	239	192	**80.3%**	75.1%	85.6%	79.9%	n.s.	70.2%	+	>= 90th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% Total Rate	534	432	**80.9%**	77.5%	84.3%	80.7%	n.s.	70.0%	+	>= 90th percentile
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia	15	13	**NA**	NA	NA	NA	NA	78.1%	NA	NA

[1] For the Adult Admission Rate measures, lower rates indicate better performance

Utilization

Strengths are identified for the following Utilization performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 - 11 years – 4.4 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years – 3.7 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate – 4.0 percentage points
  - Use of Opioids at High Dosage – 11.1 per 1000
  - Use of Opioids From Multiple Providers (4 or more pharmacies) – 40.1 per 1000

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
    - Use of Opioids from Multiple Providers (4 or more prescribers) – 48.1 per 1000

Table 3.11: Utilization

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
PA EQR	Reducing Potentially Preventable Readmissions	12,410	977	**7.9%**	7.4%	8.4%	11.32%	-	10.3%	-	NA
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	469	327	**69.7%**	65.5%	74.0%	71.04%	n.s.	66.6%	n.s.	>= 75th and < 90th percentile
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	1,132	788	**69.6%**	66.9%	72.3%	69.43%	n.s.	69.0%	n.s.	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 1 5 years	18	0	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 6 11 years	428	3	**0.7%**	0.0%	1.6%	0.36%	n.s.	0.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 12 17 years	650	12	**1.8%**	0.7%	3.0%	1.42%	NA	1.9%	n.s.	>= 50th and < 75th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Total Rate	1,096	15	**1.4%**	0.6%	2.1%	0.97%	n.s.	1.5%	n.s.	>= 50th and < 75th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 5 years	29	19	**NA**	NA	NA	64.52%	NA	NA	NA	NA
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 11 years	586	403	**68.8%**	64.9%	72.6%	69.30%	n.s.	64.4%	+	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 17 years	908	600	**66.1%**	62.9%	69.2%	68.92%	n.s.	62.4%	+	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate	1,523	1,022	**67.1%**	64.7%	69.5%	69.00%	n.s.	63.1%	+	>= 90th percentile
HEDIS	Use of Opioids at High Dosage[3]	6,043	442	**73.1**	NA	NA	NA	NA	84.2	-	NA
HEDIS	Use of Opioids from Multiple Providers (4 or more proscribers)	7,088	1,500	**211.6**	NA	NA	NA	NA	163.5	-	NA
HEDIS	Use of Opioids From Multiple Providers (4 or more pharmacies)	7,088	397	**56.0**	NA	NA	NA	NA	96.1	-	NA
HEDIS	Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies)	7,088	211	**29.8**	NA	NA	NA	NA	30.4	-	NA
HEDIS	Plan weighted SIR (CLABSI)			**0.59**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) high SIR			**0.07**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) moderate SIR			**0.05**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) low SIR			**0.72**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) unavailable SIR			**0.16**			NA	NA			NA
HEDIS	Plan weighted SIR (CAUTI)			**0.77**			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) high SIR			**0.31**			NA	NA			NA

[3] A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

HEDIS	Catheter associated urinary tract infections (CAUTI) moderate SIR			0.11			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) low SIR			0.43			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) unavailable SIR			0.15			NA	NA			NA
HEDIS	Plan weighted SIR (MRSA)			0.76			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events high SIR			0.18			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events moderate SIR			0.44			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events low SIR			0.23			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events unavailable SIR			0.15			NA	NA			NA
HEDIS	Plan weighted SIR (CDIFF)			0.75			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) high SIR			0.19			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) moderate SIR			0.01			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) low SIR			0.71			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) unavailable SIR			0.10			NA	NA			NA
		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	**Indicator**		**Count**	**Rate**			**2017 (MY2016) Rate**	**2018 Rate Compared to 2017**			**HEDIS 2018 Percentile**
HEDIS	PCR: Count of Index Hospital Stays (IHS) 1 3 Stays (Ages Total)		4,127								NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) 4+ Stays (Ages Total)		569								NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) Total Stays (Ages Total)		4,696								NA
HEDIS	PCR: Count of 30 Day Readmissions 1 3 Stays (Ages Total)		255								NA
HEDIS	PCR: Count of 30 Day Readmissions 4+ Stays (Ages Total)		246								NA
HEDIS	PCR: Count of 30 Day Readmissions Total Stays (Ages Total)		501								NA
HEDIS	PCR: Observed Readmission Rate 1 3 Stays (Ages Total)			6.2%			NA	NA			NA
HEDIS	PCR: Observed Readmission Rate 4+ Stays (Ages Total)			43.2%			NA	NA			NA
HEDIS	PCR: Observed Readmission Rate Total Stays (Ages Total)			10.7%			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate 1 3 Stays (Ages Total)			15.0%			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate 4+ Stays (Ages Total)			38.0%			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate Total Stays (Ages Total)			17.8%			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 1 3 Stays (Ages Total)			0.41			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 4+ Stays (Ages Total)			1.14			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio Total Stays (Ages Total)			0.60			NA	NA			NA

[1] For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

[2] For the Use of Multiple Concurrent Antipsychotics in Children and Adolescents measure, lower rates indicate better performance.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

The following tables provide the survey results of four composite questions by two specific categories for ACP across the last three measurement years, as available. The composite questions will target the MCOs performance strengths as well as opportunities for improvement.

Due to differences in the CAHPS submissions from year to year, direct comparisons of results are not always available. Questions that are not included in the most recent survey version are not presented in the tables.

2018 Adult CAHPS 5.0H Survey Results

Table 3.12: CAHPS 2018 Adult Survey Results

Survey Section/Measure Your Health Plan	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2017 Rate Compared to 2016	2016 (MY 2015)	2018 MMC Weighted Average
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	80.71%	▼	82.14%	▲	81.16%	79.32%
Getting Needed Information (Usually or Always)	83.44%	▼	84.70%	▼	86.88%	84.96%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	74.05%	▼	77.31%	▲	76.38%	74.94%
Appointment for Routine Care When Needed (Usually or Always)	85.76%	▲	84.57%	▲	83.28%	83.30%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2018 MMC Weighted Average.

2018 Child CAHPS 5.0H Survey Results

Table 3.13: CAHPS 2018 Child Survey Results

CAHPS Items Your Child's Health Plan	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2017 Rate Compared to 2016	2016 (MY 2015)	2018 MMC Weighted Average
Satisfaction with Child's Health Plan (Rating of 8 to 10)	88.81%	▼	89.38%	▼	90.93%	86.50%
Getting Needed Information (Usually or Always)	90.85%	▲	83.66%	▼	84.62%	84.26%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	85.58%	▼	85.89%	▼	86.16%	84.69%
Appointment for Routine Care When Needed (Usually or Always)	87.77%	▲	87.38%	▼	88.66%	88.89%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2018 MMC Weighted Average.

IV: 2017 Opportunities for Improvement MCO Response

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2017 EQR Technical Reports, which were distributed June 2018. The 2018 EQR is the tenth to include descriptions of current and proposed interventions from each PH MCO that address the 2017 recommendations.

DHS requested that MCOs submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that responses are reported consistently across the MCOs. These activities follow a longitudinal format, and are designed to capture information relating to:

- Follow-up actions that the MCO has taken through June 30, 2018 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the response submitted to IPRO as of August 2018, as well as any additional relevant documentation provided by ACP.

Table 4.1 presents ACP's responses to opportunities for improvement cited by IPRO in the 2017 EQR Technical Report, detailing current and proposed interventions.

Table 4.1: Current and Proposed Interventions

Reference Number: ACP 2017.01: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)
Follow Up Actions Taken Through 06/30/18: • Block scheduling events close care gaps at provider offices • Rapid Response calls parents/guardians for well child visits • Members who do not keep appointments receive "No Show" letters reminding parent/guardian of missed appointment and asked to call for assistance in scheduling a visit • Members are reminded via annual birthday reminders and educated via articles in the Member Newsletters • Providers are educated via articles in Provider Newsletters
Future Actions Planned: • Refine monthly care gap reports to capture non-compliant members • Identify low performing providers and visit large volume providers • Rapid Response calls all members between 0 and 21 years of age who have not had a PCP within the past 12 months to remind them to see their PCP annually
Reference Number: ACP 2017.02: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Immunization for Adolescents (Combo 1)
Follow Up Actions Taken Through 06/30/18: • Block scheduling events close care gaps at provider offices • Rapid Response calls parents/guardians to remind them to schedule EPSDT visits • Members are reminded via annual birthday reminders and educated via articles in the Member Newsletters • Providers are educated via articles in Provider Newsletters • Expanded ages called from 0 to 21 years of age who have not had a PCP within the past 12 months to remind them to see their PCP annually and receive their immunizations
Future Actions Planned: • Members who do not keep appointments receive "No Show" letters reminding parent/guardian of missed appointment and asked to call for assistance in scheduling a visit • Immunization record document mailed to members with "No Show" letters

Reference Number: ACP 2017.03: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Lead Screening in Children (Age 2 years)

Follow Up Actions Taken Through 06/30/18:

- EPSDT Unit continues to telephonically outreach to parents/guardians/members to remind them about missed immunizations and screenings
- Members are enrolled in the Pediatric Preventive Health Care Program in order to receive preventive health services
- Pediatric Preventive Health Care program staff reviews gaps in care, including lead and encourages the parent/guardian to make an appointment with their PCP obtain a lead level
- Children with elevated blood lead levels receive outreach letters encouraging follow up evaluations with their health care providers, as well as case management outreach and follow up
- Educational materials and resource information are included in the mailings
- Providers are notified of children on their panel with elevated lead levels by telephone, mail or facsimile
- Rapid Response calls parents/guardians to remind them to schedule appointments with their PCP to have lead level checked
- Block scheduling events close care gaps at provider offices
- $10 incentive for members who attend lead screening events
- Community Health Navigators provide members who attend screening events with educational materials explaining the dangers of high lead levels and why they incentive is being given to the member
- Members are educated via annual birthday reminders and articles in Member Newsletters
- Providers are educated via articles in Provider Newsletters
- PCP $10 bill above
- EPSDT requirements reinforced with providers, available on web
- Provider website updated with DHS Periodicity schedule and coding matrix plus links to relevant resources
- HEDIS Guide available for providers for 2017
- Information on website advising parents to have their child tested by the age of 2
- Explains how people get lead poisoning
- Lead poisoning prevention
- Links and member services phone number to assist with finding a PCP for their child

Future Actions Planned:

- Pilot with Head Starts to test members older than 2 years old to determine their blood levels remain within normal range prior to beginning school
- Developing plan to improve tracking of providers who complete EPSDT screenings and identify members in need of additional evaluation
- Lead Provider Education flyer updated to include ELI process and CM offerings for children with high lead levels

Reference Number: ACP 2017.04: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Follow-up Care for Children Prescribed ADHD Medication – (Initiation Phase & Continuation Phase)

Follow Up Actions Taken Through 06/30/18:

- An ADD report based upon pharmacy claims is produced daily. The Integrated Health Care Management team outreaches to member to ensure they schedule a follow-up visit within 30 days of a newly prescribed ADD medication
- Continue outreach to members with newly prescribed ADD medications
- Partnering with CCBH education program – co-branded letter/ADHD education to providers

Future Actions Planned:

- Drill down to identify practices with low compliance rates of timely medication filling
- Provider Network Management staff educates providers about the TiPS line
- Members receive Doctor Visit Tracker to record follow-up visits and medications

Reference Number: ACP 2017.05: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) – (Initiation Phase & Continuation Phase)

Follow Up Actions Taken Through 06/30/18:

- An ADD report based upon pharmacy claims is produced daily. The Integrated Health Care Management team outreaches to member to ensure they schedule a follow-up visit within 30 days of a newly prescribed ADD medication
- Continue outreach to members with newly prescribed ADD medications
- Partnering with CCBH education program – co-branded letter/ADHD education to providers

Future Actions Planned:

- Drill down to identify practices with low compliance rates of timely medication filling
- Provider Network Management staff educates providers about the TiPS line
- Members receive Doctor Visit Tracker to record follow-up visits and medications

Reference Number: ACP 2017.06: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Developmental Screening in the First Three Years of Life – (1 year, 2 years, 3 years, & Total)

Follow Up Actions Taken Through 06/30/18:

- EPSDT Unit continues to telephonically outreach to parents/guardians/members to remind them about missed developmental screenings.
- Members/Consumers are enrolled in the Pediatric Preventive Health Care Program in order to receive preventive health services
- Keys to Your Care incentives for children who receive visits in their first 15 months of life

Future Actions Planned:

- Developing plan to improve tracking of providers who complete EPSDT screenings and identify members in need of additional evaluation
- Continue current outreach to parents/guardians reminding them of needed developmental screenings in the first three years of life
- Continue Keys to Your Care incentives for children who receive visits in their first 15 months of life

Reference Number: ACP 2017.07: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Chlamydia Screening in Women (Age 16-20 years, 21-24, & Total)

Follow Up Actions Taken Through 06/30/18:

Efforts continue to educate both the member and the provider on the importance of the screening

- Clinical Practice Guidelines and clinical resources always available on website for provider assistance/guidance
- Reminder of availability of clinical resources and CPG in Provider Newsletter
- Links to Health Education ,CDC web and WebMD on member website
- Women's Health educational material and PowerPoint presentation for use at community outreach education sessions
- Important tests for women education one sheets available for distribution at community events.
- HEDIS coding guidelines distributed to providers and available on website
- Pap screening events will include chlamydia screening as indicated for members
- Promoting health equity in provider newsletter
- Plan reviews and updates existing member educational materials annually

Future Actions Planned:

- In discussions with legal developing Women's health texting app that will include chlamydia screening

Reference Number: ACP 2017.08: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Prenatal Screening for Environmental Tobacco Smoke Exposure

Follow Up Actions Taken Through 06/30/2018:

Our Bright Start Program is designed to improve birth outcomes and reduce the incidence of pregnancy-related complications through early prenatal education and intervention. This comprehensive prenatal risk reduction program strives to decrease poor obstetrical outcomes for the pregnant population. Extensive assessments and re-assessments, that include smoking counseling, are conducted throughout pregnancy.

The Bright Start Maternity Program is a focused collaboration designed to improve compliance with prenatal care. Using the Bright Start Maternity Program allows for collaboration between the Bright Start Care Manager, the member, the Obstetrician, and the MCBHO for assessment and interventions to support management of behavioral/social and health issues. The Bright Start team assesses, plans, implements, teaches, coordinates, monitors and evaluates options and services required to meet the individual's health needs.

- Facilitate access to needed services and resources
  - Community partners or maternity advocates
  - Free smoking cessation classes
  - Behavioral health screenings
  - Text for Babies
  - PA Quit Line
- Build collaborative relationships with community-based agencies that specialize in services for maternal-child health
- Encourage early prenatal care and continuum of care from the beginning of pregnancy through the post-partum period, increasing awareness through member newsletters, media engagements, provider education and community alliances

Members enrolled in the Bright Start Program receive a variety of interventions depending upon the assessed risk of their

pregnancy. Care Managers play a hands-on role, as necessary, in coordinating and facilitating care with the members' physicians and home health care agencies. They also outreach to ensure member follow-up with medical appointments, identify potential barriers to getting care, and encourage appropriate prenatal behavior.

Members are triaged using informatics reports and assessment information provided by the obstetrics practitioner into low-risk, moderate-risk, and high-risk populations. Low risk members receive educational material about pregnancy, preparing for delivery, and how to access a Plan Bright Start Care Manager for any questions/issues. Low risk members receive information after delivery regarding depression and breastfeeding. They also complete a post-partum survey to ensure that they are scheduling their post - partum checkup and to identify any additional case management needs. Members that are triaged as high-risk receive "high touch" case management interventions by a Care Manager.

The Plans pregnant members are identified through a variety of sources:

- New enrollee assessment – All new enrollee contacts and information contain the question "Are you pregnant?" Enrollees responding with a "yes" are referred to the Bright Start program for assessment and connection to an obstetrician.
- Physician incentives – Physicians who see a pregnant member for an initial visit and fax in the Plans Obstetrical Assessment Form, are paid a substantial amount above the office visit fee.
- Claims identification – Enrollees who are pregnant are identified through analysis of claim data. Those identified are cross-checked against the list of enrollees known to the Bright Start department. Enrollees not already known receive an outreach contact for an assessment.
- Lab identification - Enrollees who are pregnant are identified through analysis of lab data and pharmacy data. Those identified are cross-checked against the list of enrollees known to the Bright Start department. Enrollees not already known receive an outreach contact for an assessment.
- Inter-departmental referral/coordination – Other departments within The Plans who come in contact with a pregnant member refer the member to the Bright Start Program for assessment and education.
- Self-referral promotion (Welcome Card, Magnet, Newsletter and toll free-number) – All member materials contain language encouraging members who are pregnant to contact The Plans Bright Start Program via a toll-free phone number. Additionally, members can refer themselves to the participating OB/GYN specialist of choice for maternity care services.
- 24/7 Nurse Line referral
- Telephone "on hold" message – members who are placed on hold when contacting departments hear messages rather than music. One of these messages encourages women who are pregnant (or think they may be pregnant) to seek prenatal care and provides the Bright Start number.

The pregnant members are provided with educational mailings and information on how to contact the Bright Start Department or 24/7 nurse line for assistance. Care Managers assigned to high-risk members coordinate and facilitate care with the members' physicians, home health care agencies and community resources/partners.

- Links to your health education on plan web/member tab. Also links to CDC and WebMD. Links to Information for You, which includes information about tips on having a healthy baby
- Links to Healthy programs for members, link to Bright Start program
- Member Newsletters - Do you want your baby to have a bright start article
- Postpartum tri-fold on importance of going to postpartum visit, explaining provider will screen for depression
- Pregnant members are screened for postpartum depression via telephone, if unable to reach member telephonically, member is referred to Community Outreach Solutions team who will go into community looking for member. To date, we have reached 90% of our members
- Keys to Your Care, a voluntary text messaging program for pregnant members that includes stop smoking messaging.
- Baby Showers are held at various locations within the zone to reach out to pregnant members and enroll into case management

Future Actions Planned:

- Development of Smoking Cessation program work plan and associated documents submitted to DHS that addresses prenatal screening for environmental tobacco smoke exposure
- Continue with current actions trying to engage members earlier in their pregnancy, continue assessing for smoking counseling, not only prenatal but postpartum as well
- Develop provider education materials as reminders about the importance of screening and educating pregnant members about smoking and exposure to environmental smoke

Reference Number: ACP 2017.09: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Prenatal Counseling for Environmental Tobacco Smoke Exposure

Follow Up Actions Taken Through 06/30/18:

Our Bright Start Program is designed to improve birth outcomes and reduce the incidence of pregnancy-related complications through early prenatal education and intervention. This comprehensive prenatal risk reduction program strives to decrease poor obstetrical outcomes for the pregnant population. Extensive assessments and re-assessments, that include smoking counseling, are conducted throughout pregnancy.

The Bright Start Maternity Program is a focused collaboration designed to improve compliance with prenatal care. Using the Bright Start Maternity Program allows for collaboration between the Bright Start Care Manager, the member, the Obstetrician, and the MCBHO for assessment and interventions to support management of behavioral/social and health issues. The Bright Start team assesses, plans, implements, teaches, coordinates, monitors and evaluates options and services required to meet the individual's health needs.

- Facilitate access to needed services and resources
  - Community partners or maternity advocates
  - Free smoking cessation classes
  - Behavioral health screenings
  - Text for Babies
  - PA Quit Line
- Build collaborative relationships with community-based agencies that specialize in services for maternal-child health
- Encourage early prenatal care and continuum of care from the beginning of pregnancy through the post-partum period, increasing awareness through member newsletters, media engagements, provider education and community alliances

Members enrolled in the Bright Start Program receive a variety of interventions depending upon the assessed risk of their pregnancy. Care Managers play a hands-on role, as necessary, in coordinating and facilitating care with the members' physicians and home health care agencies. They also outreach to ensure member follow-up with medical appointments, identify potential barriers to getting care, and encourage appropriate prenatal behavior.

Members are triaged using informatics reports and assessment information provided by the obstetrics practitioner into low-risk, moderate-risk, and high-risk populations. Low risk members receive educational material about pregnancy, preparing for delivery, and how to access a Plan Bright Start Care Manager for any questions/issues. Low risk members receive information after delivery regarding depression and breastfeeding. They also complete a post-partum survey to ensure that they are scheduling their post - partum checkup and to identify any additional case management needs. Members that are triaged as high-risk receive "high touch" case management interventions by a Care Manager.

The Plans pregnant members are identified through a variety of sources:

- New enrollee assessment – All new enrollee contacts and information contain the question "Are you pregnant?" Enrollees responding with a "yes" are referred to the Bright Start program for assessment and connection to an obstetrician.
- Physician incentives – Physicians who see a pregnant member for an initial visit and fax in the Plans Obstetrical Assessment Form, are paid a substantial amount above the office visit fee.
- Claims identification – Enrollees who are pregnant are identified through analysis of claim data. Those identified are cross-checked against the list of enrollees known to the Bright Start department. Enrollees not already known receive an outreach contact for an assessment.
- Lab identification - Enrollees who are pregnant are identified through analysis of lab data and pharmacy data. Those identified are cross-checked against the list of enrollees known to the Bright Start department. Enrollees not already known receive an outreach contact for an assessment.
- Inter-departmental referral/coordination – Other departments within The Plans who come in contact with a pregnant member refer the member to the Bright Start Program for assessment and education.
- Self-referral promotion (Welcome Card, Magnet, Newsletter and toll free-number) – All member materials contain language encouraging members who are pregnant to contact The Plans Bright Start Program via a toll-free phone number. Additionally, members can refer themselves to the participating OB/GYN specialist of choice for maternity care services.
- 24/7 Nurse Line referral
- Telephone "on hold" message – members who are placed on hold when contacting departments hear messages rather than music. One of these messages encourages women who are pregnant (or think they may be pregnant) to seek prenatal care and provides the Bright Start number.

The pregnant members are provided with educational mailings and information on how to contact the Bright Start Department or 24/7 nurse line for assistance. Care Managers assigned to high-risk members coordinate and facilitate care with the members' physicians, home health care agencies and community resources/partners.

- Links to your health education on plan web/member tab. Also links to CDC and WebMD. Links to Information for You, which

includes information about tips on having a healthy baby.
- Links to Healthy programs for members, link to Bright Start program
- Member Newsletters - Do you want your baby to have a bright start article
- Postpartum tri-fold on importance of going to postpartum visit, explaining provider will screen for depression
- Pregnant members are screened for postpartum depression via telephone, if unable to reach member telephonically, member is referred to Community Outreach Solutions team who will go into community looking for member. To date, we have reached 90% of our members
- Keys to Your Care, a voluntary text messaging program for pregnant members that includes stop smoking messaging
- Baby Showers are held at various location within the zone to reach out to pregnant members and enroll into case management

Future Actions Planned:
- Continue with current actions trying to engage members earlier in their pregnancy, continue assessing for smoking counseling, not only prenatal but postpartum as well
- Development of Smoking Cessation program work plan and associated documents submitted to DHS that addresses prenatal screening for environmental tobacco smoke exposure

Reference Number: ACP 2017.10: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Prenatal Screening for Intimate partner violence

Follow Up Actions Taken Through 06/30/18:
- Members are asked about mental, physical and sexual abuse during their first prenatal visit and is documented on the ONAF
- Bright Start initial assessment asked 2 question under Living Situation/Caregiver:
  - Do you feel safe in your home setting?
  - Was there a time in your past you did not feel safe in your environment?
- K2YC program includes text messages about abuse and statistics related to abusive partners

Future Actions Planned:
- Continue with current activities

Reference Number: ACP 2017.11: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Appropriate Testing for Children with Pharyngitis

Follow Up Actions Taken Through 06/30/18:
- Educational page on provider website
- Updated Clinical Practice Guidelines on Provider website
- Developing an educational program to encourage the appropriate use of antibiotics among providers
- Provider newsletter article
- Antibiotic education page on the provider website
- Creation of Antibiotic Utilization Review Reports
- Prescriber letter for antibiotic HEDIS measures to target under-performing providers in measures that involve inappropriate antibiotic use

Future Actions Planned:
- Continue current actions in addition to analyzing under-performing providers and having the medical director visit and educate providers on standards

Reference Number: ACP 2017.12: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Follow Up Actions Taken Through 06/30/18:
- Updated Clinical Practice Guidelines on Provider website
- Educational program to encourage the appropriate use of antibiotics among providers
- Provider newsletter article
- Antibiotic education page on the provider website
- Developed provider communication tips.
- Update of Antibiotic Utilization Review Reports
- Prescriber letter for antibiotic HEDIS measures to target under-performing providers in measures that involve inappropriate antibiotic use

- Antibiotic drug utilization review reports

Future Actions Planned:

- Continue current actions in addition to analyzing under-performing providers and having the medical director visit and educate providers on standards

Reference Number: ACP 2017.13: Of the four Adult CAHPS composite survey items reviewed, one decreased between 2017 (MY 2016) and 2016 (MY 2015).

Follow Up Actions Taken Through 06/30/2018:

AmeriHealth Caritas Pennsylvania systematically monitors its member satisfaction on an annual basis to acquire a complete understanding of the drivers behind member dissatisfaction thereby enabling the Plan to identify opportunities for improvement as well as barriers. Furthermore, this analysis enables the Plan to develop and implement interventions to increase member's satisfaction and evaluate the effectiveness of those interventions.

A CAHPS Committee meets regularly to determine key drivers behind poor performance, based on vendor survey findings and suggestions. To address access issues, several letters of agreements are in place with providers to allow for better access for our members. In addition, if members have difficulty finding a participating provider, referrals are made to the Special Needs Unit for assistance. This committee is digging into disparities analysis, trending of outcomes and developing recommendations for future actions. The Committee looks at all aspect such as Access to Care, Provider Communication, and Rating of the Health Plan to determine action plans. The Customer Service Area continually monitors and updates the "on-line" help center for the customer service reps to better handle member issues. Also, monthly audits of dissatisfactions are reviewed to determine if there is a common issue.

Member Communication and Outreach

- Multiple Member newsletter articles
- Soundbite Campaign to Members – reminder to fill out survey
- Reviewed complaints and dissatisfaction results and reports – no trends were identified.
- Spanish CAHPS survey sent
- Call Center Script to respond to members' CAHPS questions
- CAHPS presentation given at "all Associate Staff meetings"
- Member educational material for mailing and distribution at community events
- Member newsletter article: "What to do When You are Sick."
- Distribution of Ask Me 3 brochure to members – "Prepare for Your Doctor Visit."
- Review disparity analysis, plan interventions based on findings

Provider Communication and Outreach

- Culturally Linguistic Appropriate Services (CLAS) presentation at Provider Symposiums
- Multiple provider newsletter articles
- On-line Provider Directory Initiatives
- - improved explanations on terms
- - looking to combine specialties for ease in searching
- - adding transportation
- - adding urgent care centers
- On line Health literacy CMEs
- Provider newsletter articles: "Speaking Their Language" and "Get Interpreter Services for Your Practices at Discounted Prices."
- Distribution of Ask Me 3 poster to providers

Analysis has allowed for the identification of specific areas of opportunities, such as Rating of Health Care, where member satisfaction was not as strong as the other measures. These findings give AmeriHealth Caritas Pennsylvania the information necessary to develop targeted interventions to improve the satisfaction in areas with lower ratings.

- Rapid Response conducted outreach to members who expressed dissatisfaction with the plan to learn more about their issues and to conduct follow-up to address any current issues.

Future Actions Planned:
Continue monthly workgroups to address member needs, articles to address access, member health, CLAS, services available, etc. in provider and member newsletters. Continue with health promotion and education to assist our members to get care, stay well and build health communities. The expected outcome is to increase awareness of the importance of the CAHPS survey for plan members and associates as well as to increase our member satisfaction rates. We will continue to monitor and evaluate our CAHPS survey annually.

- Continuation of Member/Provider newsletter articles that address CAHPS measures, such as health literacy, shared decision making, language services, UCC's
- CAHPS presentation given at "all Associate Staff meetings"
- Availability of "How to prepare for your Dr. visit brochure in English and Spanish
- ACP continued outreach to members on the importance of responding to the CAHPS survey in 2018 and will again in 2019
- Continue current actions in addition to Rapid Response conducting further grievance outreach to members

Reference Number: ACP 2017.14: All four Child CAHPS composite survey items reviewed decreased in 2017 (MY 2016). One fell below the 2017 MMC weighted average.

Follow Up Actions Taken Through 06/30/2018:
AmeriHealth Caritas Pennsylvania systematically monitors its member satisfaction on an annual basis to acquire a complete understanding of the drivers behind member dissatisfaction thereby enabling the Plan to identify opportunities for improvement as well as barriers. Furthermore, this analysis enables the Plan to develop and implement interventions to increase member's satisfaction and evaluate the effectiveness of those interventions.

A CAHPS Committee meets regularly to determine key drivers behind poor performance, based on vendor survey findings and suggestions. To address access issues, several letters of agreements are in place with providers to allow for better access for our members. In addition, if members have difficulty finding a participating provider, referrals are made to the Special Needs Unit for assistance. This committee is digging into disparities analysis, trending of outcomes and developing recommendations for future actions. The Committee looks at all aspect such as Access to Care, Provider Communication, and Rating of the Health Plan to determine action plans. The Customer Service Area continually monitors and updates the "on-line" help center for the customer service reps to better handle member issues. Also, monthly audits of dissatisfactions are reviewed to determine if there is a common issue.
Member Communication and Outreach

- Multiple Member newsletter articles
- Soundbite Campaign to Members – reminder to fill out survey
- Reviewed complaints and dissatisfaction results and reports – no trends were identified.
- Spanish CAHPS survey sent
- Call Center Script to respond to members' CAHPS questions
- CAHPS presentation given at "all Associate Staff meetings"
- Member educational material for mailing and distribution at community events
- Member newsletter article: "What to do When You are Sick."
- Distribution of Ask Me 3 brochure to members – "Prepare for Your Doctor Visit."
- Review disparity analysis, plan interventions based on findings

Provider Communication and Outreach

- Culturally Linguistic Appropriate Services (CLAS) presentation at Provider Symposiums
- Multiple provider newsletter articles
- On-line Provider Directory Initiatives
- - improved explanations on terms
- - looking to combine specialties for ease in searching
- - adding transportation
- - adding urgent care centers
- On line Health literacy CMEs
- Provider newsletter articles: "Speaking Their Language" and "Get Interpreter Services for Your Practices at Discounted Prices."
- Distribution of Ask Me 3 poster to providers

Analysis has allowed for the identification of specific areas of opportunities, such as Rating of Health Care, where member satisfaction was not as strong as the other measures. These findings give AmeriHealth Caritas Pennsylvania the information necessary to develop targeted interventions to improve the satisfaction in areas with lower ratings

- Rapid Response conducted outreach to members who expressed dissatisfaction with the plan to learn more about their

issues and to conduct follow-up to address any current issues
Future Actions Planned: Continue monthly workgroups to address member needs, articles to address access, member health, CLAS, services available, etc. in provider and member newsletters. Continue with health promotion and education to assist our members to get care, stay well and build health communities. The expected outcome is to increase awareness of the importance of the CAHPS survey for plan members and associates as well as to increase our member satisfaction rates. We will continue to monitor and evaluate our CAHPS survey annually. • Continuation of Member/Provider newsletter articles that address CAHPS measures, such as health literacy, shared decision making, language services, UCC's • CAHPS presentation given at "all Associate Staff meetings" • Availability of "How to prepare for your Dr. visit brochure in English and Spanish • ACP continued outreach to members on the importance of responding to the CAHPS survey in 2018 and will again in 2019 • Continue current actions in addition to conducting further grievance outreach to members

Root Cause Analysis and Action Plan

The 2018 EQR is the nineth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measures on the HEDIS 2017 P4P Measure Matrix receiving either "D" or "F" ratings. Each P4P measure in categories "D" and "F" required that the MCO submit:

- A goal statement;
- Root cause analysis and analysis findings;
- Action plan to address findings;
- Implementation dates; and
- A monitoring plan to assure action is effective and to address what will be measured and how often that measurement will occur.

For the 2018 EQR, ACP was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Well-Child Visits in the First 15 Months of Life, 6 or more (Table 4.2)

ACP submitted an initial Root Cause Analysis and Action Plan in July 2018.

Table 4.2: RCA and Action Plan: Well-Child Visits in the First 15 Months of Life, 6 or more

Instructions: For each measure in grade categories D and F, complete this form identifying factors contributing to poor performance.

Managed Care Organization:	***AmeriHealth Caritas Pennsylvania***
Response Date:	**9/4/18**
Measure:	**Well-Child Visits in the First 15 Months of Life, 6 or more**
Reason for Root Cause Analysis:	**Well-Child Visits in the First 15 Months of Life, 6 or more did not statistically significantly change from 2016, but is statistically significantly lower/worse than the 2017 MMC weighted average**
Goal Statement: Please specify goal(s) for measure	Increase WC15 rate by 5% by 2017 through member outreach, education and by closing member care gaps
Part A: Identify Factors via Analysis	

Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year.

- If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average.
  and/or
- If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.

Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	• Annual provider availability survey indicates provider's lack of flexibility in scheduling appointments • Lack of after hour and weekend appointments • Lack of robust provider network in rural areas of Pennsylvania • Lack of provider knowledge of contract requirements
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	N/A
People? (e.g., personnel, provider network, patients)	• Parents fail to recognize the number of visits needed for child to receive all screenings and immunizations • Responsibilities such as work, taking care of older children prevents parents from taking child to well child visits timely • Transportation
Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	N/A
Other? (specify)	N/A

Part B: Identify Actions – implemented and planned

For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2018

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?

Provider Network Management (PNM) – Account Executives (AE)meet with provider offices to educate and re-educate staff regarding importance of expanding office hours and opening on weekends	Policies Lack of flexibility in scheduling appointments Contract requirements	Beginning of program. AEs visit provider offices each quarter	By comparing annual provider availability surveys to previous year to determine offices that extended office days/hours.
Financial incentive bill above for after hour care 99050 $120 99051 $10	Policies Lack of flexibility in scheduling appointments Contract requirements	Beginning of program AEs routinely inform offices to make an impact on scheduling availability	ACP monitors use and frequency of bill above codes
PNM holds provider symposiums that address network compliance and contract requirements	Policies Network needs in rural areas of state Contract requirements	Beginning of program. Symposiums held semi-annually	By comparing annual provider availability surveys to previous year to determine offices that extended office days/hours.
Provider Quality Enhancement Program (QEP) Provider P4P program provides financial incentives based upon individual provider performance calculated using HEDIS rates. A Performance Incentive Payment (PIP) is made based upon comparison to peer ranking (50th percentile or higher), benchmarks, and improvement in quality measures compared to the prior year are scored and reported on a QEP Scorecard	Policies Annual provider availability survey indicates provider's lack of flexibility in scheduling appointments Lack of after hour and weekend appointments	The WC15 was added to the QEP in 2016	QEP scorecards are produced at the end of every 12 month cycle, detailing program performance. A Performance Incentive Payment (PIP) based on peer ranking, benchmarks, and improvement in quality measures compared to the prior year score is disbursed at the end of each cycle
Keys 2 Your Care/WC15 Currently, newborns of moms to be who are enrolled in the program are automatically enrolled in the WC15 program. Incentives are offered to entice the parent to take their child for their well-child visits during the first 15 months of life. Available incentives approved by DHS: ▪ $10 Walmart gift card for enrolling in the program ▪ $10 Walmart gift card for completing 2, 4, 6, 9 and 12 month WC visits (total = $50) ▪ $20 Walmart gift card for completing 15 month WC visits	People Parents are not aware of the number of visits needed for child to receive all screenings and immunizations	7/11/16 Ongoing	How action is working will be based upon an annual report that compared the number of members enrolled in the WC15 program and kept well child appointments and received an incentive (experimental group) compared to a control group not enrolled in the program.
Keys 2 Your Care/WC15 EXPANSION The WC15 EXPANSION removes the requirement that the mom to be must be enrolled in the maternity phase of the K2YC program. Any child 0-15 months can enroll in the WC15 program,	People Parents are not aware of the number of visits needed for child to	9/4/18 Ongoing	How action is working will be based upon an annual report that compared the number of members enrolled in

increasing the enrollment for the program as a whole. Incentives are offered to entice the parent to take their child for their well-child visits during the first 15 months of life. Available incentives approved by DHS: ▪ $10 Walmart gift card for enrolling in the program ▪ $10 Walmart gift card for completing 2, 4, 6, 9 and 12 month WC visits (total = $50) ▪ $20 Walmart gift card for completing 15 month WC visits	receive all screenings and immunizations		the WC15 program and kept well child appointments and received an incentive (experimental group) compared to a control group not enrolled in the program. Members enrolled in the expansion will be included in the annual program reporting
WC15 Outreach to members Identified members who received 5 of the needed 6 well child visits. Developed call list and Quality Specialists called parents to remind them their child needed a well visit and offered to schedule the appointment with the child's doctor. Called 1,097 members. Follow-up: WC15 outreach call list will be handed off to Community Health Navigators, our Feet-on-the-Street, who will make house calls to members to reinforce and educate parents about the need for their child to receive all required well child visits.	People Responsibilities such as work, taking care of older children can prevent parents from taking child to well child visits timely	8/27/18 End of year pilot	Monthly and annual interim HEDIS rates compared to rates from previous year will determine if activity had impact
Birthday Cards are mailed to members with information about well child visits, immunization schedule, EPSDT visits and developmental screenings	People Parents are not aware of the number of visits needed for child to receive all screenings and immunizations	Beginning of program. B-day cards sent monthly Children receive 1X per year on their b-day month	Monthly and annual interim HEDIS rates compared to rates from previous year will determine if activity had impact
CHN Feet-on-the-Street conduct home visit with postpartum moms to provide education on the importance of well care visits for their baby and provide educational literature during face-to-face visits	People Parents are not aware of the number of visits needed for child to receive all screenings and immunizations	Beginning of program Ongoing	Monthly and annual interim HEDIS rates compared to rates from previous year will determine if activity had impact
Rapid Response Outreach Team calls non-compliant members monthly to remind parents that it is time for their baby to go for their well visit	People Parents are not aware of the number of visits needed for child to	Beginning of program Ongoing	Monthly and annual interim HEDIS rates compared to rates from previous year will determine if activity

	receive all screenings and immunizations		had impact
Transportation education is included in individualized health education packets given to members at screening events. Also discussed with CHNs F-2-F at screening events	People Members are unaware of transportation through MATP program	Beginning of program Ongoing	Decrease in No Show rate at screening events Increase in MATP usage
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.	Lack of robust provider network in rural areas of Pennsylvania ▪ Contracting with new providers in rural PA is challenging ▪ PNM continues to outreach to providers in rural areas of the state		

V: 2018 Strengths and Opportunities for Improvement

The review of MCO's 2018 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

- ACP was found to be fully compliant on Subparts C and F of the structure and operations standards.

- For approximately 25 percent of reported measures, the MCO's performance was statistically significantly above/better than the MMC weighted average in 2018 (MY 2017) on the following measures:
    - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years)
    - Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)
    - Body Mass Index: Percentile (Age 3 - 11 years)
    - Body Mass Index: Percentile (Age 12-17 years)
    - Body Mass Index: Percentile (Total)
    - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years)
    - Breast Cancer Screening (Age 50-74 years)
    - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
    - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
    - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
    - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
    - Prenatal and Postpartum Care – Timeliness of Prenatal Care
    - Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid
    - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
    - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
    - Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)
    - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
    - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
    - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years)
    - Asthma Medication Ratio (5-11 years)
    - Asthma Medication Ratio (12-18 years)
    - Asthma Medication Ratio (19-50 years)
    - Asthma Medication Ratio (Total)
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months
    - Retinal Eye Exam
    - Statin Therapy for Patients With Diabetes: Statin Adherence 80%
    - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months
    - Heart Failure Admission Rate (Age 65+ years) per 100,000 member months
    - Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
    - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 - 11 years

- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years
- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate
- Use of Opioids at High Dosage
- Use of Opioids From Multiple Providers (4 or more pharmacies)

- The following strengths were noted in 2018 (MY 2017) for Adult and Child CAHPS survey items:
  - Of the four Adult CAHPS composite survey items reviewed, two items were above the 2018 MMC Weighted average. One item increased in 2018 (MY 2017) as compared to 2017 (MY 2016).
  - Of the four Child CAHPS composite survey items reviewed, three items were above the 2018 MMC Weighted average. Two items increased in 2018 (MY 2017) as compared to 2017 (MY 2016).

Opportunities for Improvement

- For approximately 20 percent of reported measures, the MCO's performance was statistically significantly below/worse than the MMC weighted average in 2018 (MY 2017) on the following measures:
  - Children and Adolescents' Access to PCPs (Age 12-24 months)
  - Children and Adolescents' Access to PCPs (Age 25 months-6 years)
  - Lead Screening in Children (Age 2 years)
  - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase
  - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase
  - Developmental Screening in the First Three Years of Life - Total
  - Developmental Screening in the First Three Years of Life - 1 year
  - Developmental Screening in the First Three Years of Life - 2 years
  - Developmental Screening in the First Three Years of Life - 3 years
  - Chlamydia Screening in Women (Total)
  - Chlamydia Screening in Women (Age 16-20 years)
  - Chlamydia Screening in Women (Age 21-24 years)
  - Prenatal Screening for Smoking
  - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
  - Prenatal Screening for Environmental Tobacco Smoke Exposure
  - Prenatal Counseling for Environmental Tobacco Smoke Exposure
  - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
  - Postpartum Screening for Depression
  - Prenatal Screening for Alcohol use
  - Prenatal Screening for Illicit drug use
  - Prenatal Screening for Prescribed or over-the-counter drug use
  - Prenatal Screening for Intimate partner violence
  - Elective Delivery
  - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
  - Medical Attention for Nephropathy
  - Statin Therapy for Patients With Diabetes: Received Statin Therapy
  - Use of Opioids from Multiple Providers (4 or more prescribers)

- The following opportunities were noted in 2018 (MY 2017) for Adult and Child CAHPS survey items:
  - Of the four Adult CAHPS composite survey items reviewed, two items were below the 2018 MMC weighted average. Three items decreased between 2018 (MY 2017) and 2017 (MY 2016).
  - Of the four Child CAHPS composite survey items reviewed, one fell below the 2018 MMC weighted average. Two items decreased in 2018 (MY 2017).

Additional targeted opportunities for improvement are found in the MCO-specific HEDIS 2018 P4P Measure Matrix that follows.

P4P Measure Matrix Report Card 2018

The Pay-for-Performance (P4P) Matrix Report Card provides a comparative look at all measures in the Quality Performance Measures component of the "HealthChoices MCO Pay for Performance Program." Nine measures are Healthcare Effectiveness Data Information Set (HEDIS®) measures, and the remaining two are PA specific measures. The matrix:

1. Compares the Managed Care Organization's (MCO's) own P4P measure performance over the two most recent reporting years (2018 and 2017); and
2. Compares the MCO's 2018 P4P measure rates to the 2018 Medicaid Managed Care (MMC) Weighted Average.

The table is a three by three matrix. The horizontal comparison represents the MCO's current performance as compared to the most recent MMC weighted average. When comparing a MCO's rate to the MMC weighted average for each respective measure, the MCO rate can be either above average, average or below average. Whether or not a MCO performed above or below average is determined by whether or not that MCO's 95% confidence interval for the rate included the MMC Weighted Average for the specific indicator. When noted, the MCO comparative differences represent statistically significant differences from the MMC weighted average.

The vertical comparison represents the MCO's performance for each measure in relation to its prior year's rates for the same measure. The MCO's rate can trend up (⇧), have no change, or trend down (⇩). For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate study populations.

The matrix is color-coded to indicate when a MCO's performance rates for these P4P measures are notable or whether there is cause for action:

The green box (A) indicates that performance is notable. The MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average and above/better than the MCO's 2017 rate.

The light green boxes (B) indicate either that the MCO's 2018 rate does not differ from the 2018 MMC weighted average and is above/better than 2017 or that the MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average but there is no change from the MCO's 2017 rate.

The yellow boxes (C) indicate that the MCO's 2018 rate is statistically significantly below/worse than the 2018 MMC weighted average and is above/better than the 2017 rate, or the MCO's 2018 rate does not differ from the 2018 MMC weighted average and there is no change from 2017, or the MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average but is lower/worse than the MCO's 2017 rate. No action is required although MCOs should identify continued opportunities for improvement.

The orange boxes (D) indicate either that the MCO's 2018 rate is statistically significantly lower/worse than the 2018 MMC weighted average and there is no change from 2017, or that the MCO's 2018 rate is not different than the 2018 MMC weighted average and is lower/worse than the MCO's 2017 rate. ***A root cause analysis and plan of action is therefore required.***

The red box (F) indicates that the MCO's 2018 rate is statistically significantly below/worse than the 2018 MMC weighted average and is below/worse than the MCO's 2017 rate. ***A root cause analysis and plan of action is therefore required.***

ACP Key Points

▪ A Performance is notable. No action required. MCOs may have internal goals to improve

Measures that in 2018 are statistically significantly above/better than 2017, and are statistically significantly above/better than the 2018 MMC weighted average are:

- Reducing Potentially Preventable Readmissions[4]
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

▪ B - No action required. MCOs may identify continued opportunities for improvement

Measures that in 2018 did not statistically significantly change from 2017, but are statistically significantly above/better than the 2018 MMC weighted average are:

- Prenatal Care in the First Trimester
- Annual Dental Visit (Ages 2 – 20 years)
- Medication Management for People With Asthma: 75% Total

Measures that in 2018 are statistically significantly above/better than 2017, but are not statistically significantly different from the 2018 MMC weighted average are:

- Adolescent Well-Care Visits

▪ C - No action required although MCOs should identify continued opportunities for improvement

Measures that in 2018 did not statistically significantly change from 2017, and are not statistically significantly different from the 2018 MMC weighted average are:

- Comprehensive Diabetes Care: HbA1c Poor Control[5]
- Controlling High Blood Pressure
- Postpartum Care
- Well-Child Visits in the First 15 Months of Life, 6 or more

▪ D - Root cause analysis and plan of action required

Measures that in 2018 are statistically significantly lower/worse than 2017, but are not statistically significantly different from the 2018 MMC weighted average are:

- Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits

▪ F Root cause analysis and plan of action required

- No P4P measures fell into this comparison category.

[4] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance
[5] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance

Figure 5.1: P4P Measure Matrix

	Medicaid Managed Care Weighted Average Statistical Significance Comparison			
Year to Year Statistical Significance Comparison	**Trend**	**Below/Worse than Average**	**Average**	**Above/Better than Average**
	⬆	**C**	**B** Adolescent Well-Care Visits	**A** Reducing Potentially Preventable Readmissions[6] Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
	No Change	**D**	**C** Comprehensive Diabetes Care: HbA1c Poor Control[7] Controlling High Blood Pressure Postpartum Care Well-Child Visits in the First 15 Months of Life, 6 or more	**B** Prenatal Care in the First Trimester Annual Dental Visit (Ages 2 – 20 years) Medication Management for People With Asthma: 75% Total
	⬇	**F**	**D** Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits	**C**

[6] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance
[7] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance

P4P performance measure rates for, 2015, 2016, 2017 and 2018 as applicable are displayed in Figure 5.2. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

▲ Statistically significantly higher than the prior year,
▼ Statistically significantly lower than the prior year or
= No change from the prior year.

Table 5.1: P4P Measure Rates

Quality Performance Measure HEDIS®	HEDIS® 2015 Rate	HEDIS® 2016 Rate	HEDIS® 2017 Rate	HEDIS® 2018 Rate	HEDIS® 2018 MMC WA
Adolescent Well Care Visits (Age 12 21 Years)	53.5% ▼	51.7% =	53.0% =	66.2% ▲	62.0%
Comprehensive Diabetes Care HbA1c Poor Control[8]	38.5% =	35.4% =	36.8% =	34.2% =	34.7%
Controlling High Blood Pressure	66.2% =	67.8% =	66.4% =	65.9% =	64.3%
Prenatal Care in the First Trimester	87.9% ▼	92.6% ▲	92.1% =	90.0% =	86.6%
Postpartum Care		68.1% NA	71.3% =	67.9% =	67.7%
Annual Dental Visits (Ages 2 20 years)[9]	56.6% ▲	61.4% ▲	65.5% ▲	65.9% =	63.0%
Well Child Visits in the First 15 Months of Life, 6 or more		73.9% NA	69.9% =	72.5% =	69.9%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life		73.4% NA	70.4% =	82.0% ▲	77.6%
Medication Management for People with Asthma: 75% Total		51.8% NA	54.3% =	55.2% =	44.5%
Quality Performance Measure PA	**2015 Rate**	**2016 Rate**	**2017 Rate**	**2018 Rate**	**2018 MMC WA**
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received[10]	77.9% =	81.3% =	80.5% =	70.1% ▼	70.6%
Reducing Potentially Preventable Readmissions[11]	10.5% =	7.0% ▼	11.3% ▲	7.9% ▼	10.3%

[8] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[9] In 2015, the Annual Dental Visit age range was 2-21 years
[10] Frequency of Ongoing Prenatal Care was collected as a first-year PA PM for 2018. Prior to 2018, this measure was collected and validated via HEDIS®.
[11] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

VI: Summary of Activities

Structure and Operations Standards

- ACP was found to be fully compliant on subparts C and F. On subpart D, ACP was compliant on 9 categories and partially compliant on 2 categories. Compliance review findings for ACP from RY 2017, RY 2016 and RY 2015 were used to make the determinations.

Performance Improvement Projects

- As previously noted, ACP's Dental and Readmission PIP proposal submissions were validated. The MCO received feedback and subsequent information related to these activities from IPRO.

Performance Measures

- ACP reported all HEDIS, PA-Specific and CAHPS Survey performance measures in 2018 for which the MCO had a sufficient denominator.

2017 Opportunities for Improvement MCO Response

- ACP provided a response to the opportunities for improvement issued in the 2017 annual technical report and a root cause analysis and action plan for those measures on the HEDIS 2017 P4P Measure Matrix receiving either "D" or "F" ratings

2018 Strengths and Opportunities for Improvement

- Both strengths and opportunities for improvement have been noted for ACP in 2018. A response will be required by the MCO for the noted opportunities for improvement in 2019.